

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000107997

Entity Name: PURE AROMA CIGARS INC.

FILED
Aug 04, 2008
Secretary of State**Current Principal Place of Business:**1094 SW 135 CT
MIAMI, FL 33184**New Principal Place of Business:**14843 SW 67 LANE
MIAMI, FL 33193**Current Mailing Address:**1094 SW 135 CT
MIAMI, FL 33184**New Mailing Address:**14843 SW 67 LANE
MIAMI, FL 33193

FEI Number: 71-1011185

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:GARCIA, TANIA
1094 SW 135 CT
MIAMI, FL 33184 US**Name and Address of New Registered Agent:**DIAZ, ISAIAS SANTANA
14843 SW 67 LANE
MIAMI, FL 33193 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ISAIAS SANTANA DIAZ

08/04/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: GARCIA, TANIA
Address: 1094 SW 135 CT
City-St-Zip: MIAMI, FL 33184Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change () Addition
Name: DIAZ, ISAIAS SANTANA
Address: 14843 SW 67 LANE
City-St-Zip: MIAMI, FL 33193Title: VP () Change (X) Addition
Name: GARCIA, TANIA
Address: 14843 SW 67 LANE
City-St-Zip: MIAMI, FL 33193

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISAIAS SANTANA DIAZ

PD

08/04/2008

Electronic Signature of Signing Officer or Director

Date