

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2007 8:00 am
Secretary of State

04-11-2007 90019 012 ***150.00

DOCUMENT # P06000113849

1. Entity Name
MADURO CIGAR, INC.



1st MOORE CR2E034 (10/06)

Principal Place of Business
**303 TAMiami TRAIL
NOKOMIS FL 34275**

Mailing Address
**303 TAMiami TRAIL
NOKOMIS FL 34275**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
20 548 2363

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**KING, CLIFFORD M
2033 MAIN ST., SUITE 303
SARASOTA FL 34237**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PSTD	☐ Delete		TITLE		☒ Change ☐ Addition	
NAME	GADD, ADRIAN M			NAME			
STREET ADDRESS	303 TAMiami TRAIL			STREET ADDRESS	7586 S. TAMiami TRAIL		
CITY- ST- ZIP	NOKOMIS FL 34275			CITY- ST- ZIP	SARASOTA, FL 34231		
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
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NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: ADRIAN GADD **3/29/07** **941 925 4900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #