2008 FOR PROFIT CORPORATION

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ANNUAL REPORT				Apr 25, 2008 08:00			
	JMENT # P060001529	998			S	ecretar	y of Stat
1. Entity Nar MEDINA	CIGARS FACTORY INC	1					•
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	ce of Business	Mailing Address		1			
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			ار	4. FEI Numbe 20-8059			Applied For Not Applicable
· · · · · · · · · · · · · · · · · · ·			•		of Status Desired		5 Additional Required
	6. Name and Address of Current Re	agistered Agent		<u> </u>	1.5 66 56	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	See ale
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8. The above	e named entity submits this statement for the	ne purpose of changing its registere	d office or register	ed agent, or both	h, in the State of Flo	rida. I am familia	r with, and accept
8. The above the obligation	ations of registered agent,	he purpose of changing its registere	d office or register	red agent, or both	h, in the State of Flo	orida. I am familia	ir with, and accept
8. The above	ations of registered agent,		d office or register		h, in the State of Flo	orida. 1 am familia	ır with, and accept
8. The above the obligation of	ations of registered agent,	. d utte if applicable. (NOTE: Registered 9. Election Campaign Finance	Agent signature required cing \$5.		<u> </u>	CATE	ar with, and accept
8. The above the obligation of	Signature, typed or printed name of registered agent and E NOW!!! FEE IS \$150.00 lay 1, 2008 Fee will be \$550.00 OFFICERS AND DII	9. Election Campaign Financ Trust Fund Contribution.	Agent signature required cing \$5.	when reinstating)	U00000	0ATE 323056	
8. The above the obligated SIGNATURE. FIL After M 10. TITLE NAME	Signature, typed or printed name of registered agent and E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 OFFICERS AND DIE DPTS HERNANDEZ, JOEL	9. Election Campaign Financ Trust Fund Contribution.	Agent signature required cing \$5.	when reinstating)	U00000	0ATE 323056	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the redeiver 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR