FILED Aug 07, 2008 8:00 am Secretary of State 08-07-2008 90062 002 ***150.00

2008 FOR PROFIT CORPORATION

		ANNUP	IL KE	:POR I					08-07-20	000 90002	. 002	130.00
DOCUMENT # P0700005048 1. Entity Name CIGARETTE IMPORTS, INC.								30.	- -			
Balana i and Br	I D - 11			Y				1				
Principal Place of Business 8513 PARROTTS LANDING DRIVE TAMPA, FL 33647				Mailing Address 8513 PARROTTS LANDING DRIVE TAMPA, FL 33647				ilin 14211 Saltı Gürli Well	i naim nátřtých	nārii Ārāmi ri	t ri nk i si kuni	
Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #, etc. Suite. Apt. #, etc.									BII 1440 BBII BBII 481			
				Suite, Apt. #, etc. City & State				07282008	Chg-P	CR2E034	·	nation for
City & State								4. FEI Number	832621		N	oplied For ot Applicable
Zip		Country	Zi		ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required						
	6. Name	and Address of Curre	ant Registe	red Agent				7. Name and A	ddross of Now R	egistered Ag	ent	
DANA CE	TCODY					Name						
DANA, GREGORY 8513 PARROTTS LANDING DRIVE TAMPA, FL 33647						Street Address (P.O. Box Number is Not Acceptable)						
						City				FL	Zip Cod	8
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 title if applicable, (NOTE: Registered Agent eignature required when reinstating) DATE												
		! FEE IS \$150.00 ptember 12, 2008		.00 May Be ed to Fees	In accordance w corporation did r	rith s. 607.19 not receive t	93(2)(b), he prior i	F.S., the notice.				
10.		OFFICERS AI	ND DIRECT	ORS	11.			ADDITIONS/C	HANGES TO OFFI	CERS AND D	RECTOR	S IN 11
TATLE	P Delate tire.					f					Change	Addition
NAME	DANA, GREGORY HAM					٤				_		_
STREET ADDRESS 8513 PARROTS LANDING DRIV			RIVE		STRE	ET ADDRESS						
CITY-ST-ZIP TAMPA, FL 33647					CITY	-\$1-ZP						ì
TITLE				☐ Delete	TITLE						Change	Addition
NAME					ж	Ε						-
STREET ADDRESS						ET ADDRESS						:
CITY-ST-ZIP					CITY	-ST-ZIP						
TITLE "	-			Delete	TITLE	:					Change	Addition
NAME					NAM							1
STREET ADDRESS CITY-ST-ZIP	į					FT ADDRESS - ST - ZIP						ĺ
TITLE	 			☐ Delete		•						
NAME				LT Delate	NAMI					L] Change	Addition
STREET ADDRESS	!					ET ADDRESS						
CITY-SY-ZIP						-ST-ZIP						
TITLE				☐ Delete	THTLE	-				Г	Change	☐ Addition
NAME					NAM	1				_		_
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP					CITY	-ST-ZIP						
TITLE				Delate	TIFLE	ľ	_] Change	☐ Addition
NAME CYDEET ACCOURCE					NAM							
STREET ACORESS CITY-ST-ZIP						et address -st-zip						
	nowification and	a information a confict	ulisia Albi alia	a dose "" *				la Chaman 115 1	Glastata Grant 1 11	further or 27		
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 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.												
7/71/002 012 25 0021												
SIGNAT	URE: _	STANATURE AND TYPED O	DR PRINTED N	ME OF SIGNING DEFICER	OR DIRECT	708	 -	 / / / / / / / / / / / / / / / / / / 	/ U Ø	217 c	() /	120