2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008
Secretary of State

DOCUMENT# P07000020612

Entity Name: TROPICAL CIGARS OF HOLLYWOOD, INC.

Current Principal Place of Business:

12401 ORANGE DRIVE STE 124
DAVIE, FL 33330

New Principal Place of Business:

12401 ORANGE DRIVE
SUITE 124
DAVIE, FL 33330

Current Mailing Address:

12401 ORANGE DRIVE STE 124
DAVIE, FL 33330

New Mailing Address:

12401 ORANGE DRIVE
SUITE 124
DAVIE, FL 33330

FEI Number: 20-8481074 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLAIR, LAURENCE I ESQ
100 WEST CYPRESS CREEK ROAD STE 700
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: POZO, ARMANDO O
Address: 12401 ORANGE DRIVE STE 124
City-St-Zip: DAVIE, FL 33330

Title: D ( ) Delete
Name: POZO, DEISY B
Address: 12401 ORANGE DRIVE STE 124
City-St-Zip: DAVIE, FL 33330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: POZO, ARMANDO O
Address: 12401 ORANGE DRIVE, SUITE 124
City-St-Zip: DAVIE, FL 33330

Title: DVPS (X) Change ( ) Addition
Name: POZO, DEISY B
Address: 12401 ORANGE DRIVE, SUITE 124
City-St-Zip: DAVIE, FL 33330

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: ARMANDO O. POZO DPT 02/19/2008

Electronic Signature of Signing Officer or Director — Date