

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000051600

FILED
Mar 06, 2009
Secretary of State

Entity Name: FORCADE & SON CIGAR CO

Current Principal Place of Business:

13901 SW 143 COURT
UNIT 3
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

13901 SW 143 COURT
UNIT 3
MIAMI, FL 33186 US

New Mailing Address:

FEI Number: 14-1996812 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FORCADE, CHISTRAN
13901 SW 143 COURT
UNIT 3
MIAMI, FL 33186 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: PD () Delete
Name: MARTINEZ, FRANK
Address: 13901 SW 143 CT UNIT 3
City-St-Zip: MIAMI, FL 33186 US

Title: VS () Delete
Name: FORCADE, CHISTRAN
Address: 13901 SW 143 CT UNIT 3
City-St-Zip: MIAMI, FL 33186 US

Title: VD () Delete
Name: GARCIA, RECHART
Address: 13901 SE 143 CT UNIT 3
City-St-Zip: MIAMI, FL 33186 US

Title: VT () Delete
Name: GARCIA, ANNIA
Address: 13901 SE 143 CT UNIT 3
City-St-Zip: MIAMI, FL 33186 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FORCADE, CHISTRAN
Address: 13901 SW 143 CT UNIT 3
City-St-Zip: MIAMI, FL 33186 US

Title: VP (X) Change () Addition
Name: VAZQUEZ, ANNIA
Address: 13901 SW 143 CT UNIT 3
City-St-Zip: MIAMI, FL 33186 US

Title: CEO (X) Change () Addition
Name: VAZQUEZ, ARMANDO
Address: 13901 SE 143 CT UNIT 3
City-St-Zip: MIAMI, FL 33186 US

Title: VS&T (X) Change () Addition
Name: VAZQUEZ, ARACELI G
Address: 13901 SE 143 CT UNIT 3
City-St-Zip: MIAMI, FL 33186 US

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: CHISTRAN FORCADE

PD

03/06/2009

Electronic Signature of Signing Officer or Director

_____ Date