

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000066400

Entity Name: CAPITANO CIGARS, INC.

FILED  
Jun 30, 2008  
Secretary of State

## Current Principal Place of Business:

10025 NORTH DALE  
MABRY, FL 33618

## New Principal Place of Business:

11665 COUNTRYWAY BLVD.  
TAMPA, FL 33626

## Current Mailing Address:

10025 NORTH DALE  
MABRY, FL 33618

## New Mailing Address:

11665 COUNTRYWAY BLVD.  
TAMPA, FL 33626

FEI Number: 26-0303634

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MILLS, FREDERICK J  
MORRISON & MILLS, P.A.  
1200 W. PLATT STREET, SUITE 100  
TAMPA, FL 33606 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: CAPITANO, DORINE  
Address: 2906 WHITTINGTON PLACE  
City-St-Zip: TAMPA, FL 33618

Title: DCEO ( ) Delete  
Name: GUIDA, LINDA  
Address: 2904 WHITTINGTON PLACE  
City-St-Zip: TAMPA, FL 33618

Title: SC ( ) Delete  
Name: CAPITANO, SAMUEL  
Address: 10025 NORTH DALE  
City-St-Zip: MABRY, FL 33618

Title: TC ( ) Delete  
Name: GUIDA, ANGELO  
Address: 10025 NORTH DALE  
City-St-Zip: MABRY, FL 33618

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SC (X) Change ( ) Addition  
Name: CAPITANO, SAMUEL  
Address: 2906 WHITTINGTON PLACE  
City-St-Zip: TAMPA, FL 33618

Title: TC (X) Change ( ) Addition  
Name: GUIDA, ANGELO  
Address: 2904 WHITTINGTON PLACE  
City-St-Zip: TAMPA, FL 33618

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: DORINE CAPITANO

PRES

06/30/2008

Electronic Signature of Signing Officer or Director

Date