


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90106 042 ***150.00

DOCUMENT # P07000101913			
1. Entity Name ECIGARETTESUSA, INC.			
Principal Place of Business 1620 SE 6TH AVENUE CAPE CORAL, FL 33990 US		Mailing Address 963 TRAIL TERRACE DR. NAPLES, FL 34103	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1620 S.E. 6th Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Cape Coral, FL	
Zip	Country	Zip 33990	Country USA
01112008		Chg-P CR2E034 (12/06)	
4. FEI Number 26-0886213		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LIVINGSTON, EDWARD M 963 TRAIL TERRACE DRIVE NAPLES, FL 34103		7. Name and Address of New Registered Agent Name Dieter Fiebig Street Address (P.O. Box Number is Not Acceptable) 1620 S.E. 6th Avenue City Cape Coral FL Zip Code 33990	
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 <i>Dieter Fiebig</i> Dieter Fiebig D,P 1-11-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>			
Check # 1008 FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P FIEBIG, DIETER 1620 SE 6TH AVENUE CAPE CORAL, FL 33990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing 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.			
SIGNATURE: <i>Dieter Fiebig</i> Dieter Fiebig		Date 1-11-08 Daytime Phone # 239-574-5798	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

