

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000102578

Entity Name: DON ESTEBAN CIGARS, INC.

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

735 DODECANESE BLVD,
SUITE 1000
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

735 DODECANESE BLVD,
SUITE 1000
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: 26-1455442

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, AMAURY J
735 DODECANESE BLVD
TARPON SPRING, FL 34689 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: P,VP () Delete
Name: GARCIA, AMAURY J
Address: 735 DODECANESE BLVD
City-St-Zip: TARPON SPRING, FL 34689

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GARCIA, AMAURY J
Address: 735 DODECANESE BLVD
City-St-Zip: TARPON SPRING, FL 34689

Title: VP () Change (X) Addition
Name: GOMEZ, ISMARA
Address: 735 DODECANESE BLVD
City-St-Zip: TARPON SPRING, FL 34689

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: AMAURY J GARCIA

P

04/13/2009

Electronic Signature of Signing Officer or Director

Date