

P09000009003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

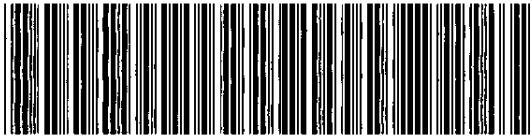
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/26/09
No + [Signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GRAN HABANA CIGAR CORP. +

DOCUMENT NUMBER: P09000009003 +

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BERTHA GONZALEZ
(Name of Contact Person)

BCS SERVICES
(Firm/ Company)

10422 N. FLORIDA AVE
(Address)

TAMPA, FL. 33612
(City/ State and Zip Code)

RECEIVED
2009 FEB 19 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

BERTHA GONZALEZ at (813) 935-6162
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|---|---|--|--|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2009

BERTHA GONZALEZ
10422 N. FLORIDA AVE.
TAMPA, FL 33612

SUBJECT: GRAN HAVANA CIGARS CORP.
Ref. Number: P09000009003

We have received your document for GRAN HAVANA CIGARS CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the new information you have listed. The incorporator listed and the incorporator signature must be the same person.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 809A00004525

**Articles of Amendment
to
Articles of Incorporation
of**

GRAN HAVANA CIGARS CORP. #

(Name of Corporation as currently filed with the Florida Dept. of State)

P09000009003 #

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

GRAN HABANA CIGAR CORP.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

SAME

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: _____

10422 N FLORIDA AVE

New Registered Office Address:

(Florida street address)

TAMPA

(City)

Florida 33612

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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TALLAHASSEE, FLORIDA

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PD	LAZARO TEJERA-RODRIGUEZ	501 E. JACKSON ST. TAMPA, FL. 33602	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
S	JOSE SANTIAGO	7528 CLEARVIEW DRIVE TAMPA, FL. 33634	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
PD	GRISEL RUIZ-SOTO	7528 CLEARVIEW DRIVE TAMPA, FL. 33634	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

100% SHARES TO PRESIDENT - GRISEL RUIZ-SOTO

The date of each amendment(s) adoption: 2/9/09

Effective date if applicable: 2/9/09
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):


“The number of votes cast for the amendment(s) was/were sufficient for approval

by _____.”
(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 2/12/09

Signature 
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

GRISEL RUIZ-SOTO
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)