

P09000014134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

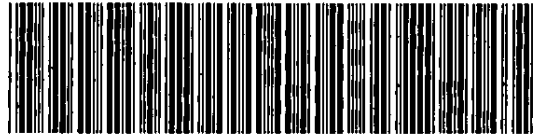
(Business Entity Name)

(Document Number)

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CA Change

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TALLAHASSEE, FLORIDA

*ADP
3/26/10*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Universal Cigars Manufacturing & Distribution Corp.
Name of Corporation

DOCUMENT NUMBER: P09000014134

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

FELIPE MONZON
Name of Contact Person

Firm/Company

15320 SW 53 STREET
Address

MIAMI, FLORIDA 33185
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FELIPE MONZON at (786) 597-3668
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Universal Cigars Manufacturing & Distribution Corp
2. The principal office address: 15320 SW 53 STREET, MIAMI, FLORIDA 33185

3. The mailing address (if different):

4. Date of incorporation/qualification: 02/12/2009 Document number: P09000014134

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

EDILIA HERNANDEZ (RESIGNED)
16219 NW 84 AVENUE
MIAMI LAKES, FLORIDA 33016

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

FELIPE MONZON
15320 SW 53 STREET
P.O. Box NOT acceptable
MIAMI, FLORIDA 33185

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature of Felipe Monzon]
Signature of an officer or director

FELIPE MONZON /DIRECTOR
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature of Felipe Monzon]
Signature of Registered Agent

03/15/2010
Date

If signing on behalf of an entity:
Typed or Printed Name

*** FILING FEE: \$35.00 ***