

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000029334

Entity Name: C.A.T. TOBACCO CORP.

FILED
Apr 04, 2006
Secretary of State

Current Principal Place of Business:

7440 S.W. 50TH TERRACE
UNIT 106
MIAMI, FL 33155 US

New Principal Place of Business:

Current Mailing Address:

7440 S.W. 50TH TERRACE
UNIT 106
MIAMI, FL 33155 US

New Mailing Address:

FEI Number: 65-0494630 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORANO, CARLOS A
8334 SW 82 TERR.
MIAMI, FL 33143 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: VPD () Delete
Name: TORANO, CARLOS
Address: 4823 NW 25 WAY
City-St-Zip: BOCA RATON, FL 33434

Title: STD () Delete
Name: LEVINE, CAROLINA T
Address: 8341 S.W. 83 STREET
City-St-Zip: MIAMI, FL 33143

Title: DP () Delete
Name: TORANO, CARLOS A
Address: 8334 SW 82 TERR.
City-St-Zip: MIAMI, FL 33143

Title: D () Delete
Name: TORANO, TERESITA
Address: 8334 SW 82 TERR.
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROLINA LEVINE

STD

04/04/2006

Electronic Signature of Signing Officer or Director

_____ Date