

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000029334

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

FILED  
Apr 29, 2009  
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: PD ( ) Delete  
Name: TORANO, CARLOS O  
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: D ( ) Delete  
Name: TORANO, CARLOS A  
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: STD (X) Change ( ) Addition  
Name: LEVINE, CAROLINA T  
Address: 11420 SMATHERS CIRCLE  
City-St-Zip: PINECREST, FL 33156

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

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: CAROLINA T. LEVINE

STD

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date