2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000096316

1. Entity Name
CIGARZ ON THE AVENUE, INC.

Principal Place of Business	Mailing Address
333 PARK AVENUE SOUTH WINTER PARK, FL 32789	333 PARK AVENUE SOUTH WINTER PARK, FL 32789

U00000564632
05/20/06-80078-023 150.00

DO NOT WRITE IN THIS SPACE

05102006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3353958
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PATEL, HIREN M
231 RUBY LAKE LANE
WINTER HAVEN, FL 33884

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 5, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$8.00** May Be Added to Fee

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PATEL, HIREN M
STREET ADDRESS	231 RUBY LAKE LANE
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	VP
NAME	PATEL, MAULIK
STREET ADDRESS	231 RUBYLAKE LANE
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5-4-06 407-335-9249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #