2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P96000028160

1. Entity Name
THE CIGAR CONNECTION, INC.

FILED
07 APR 16 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3020 NW 79TH MIAMI FL 33122 US	3020 NW 79TH SUITE 207 MIAMI FL 33122 US

2. Principal Place of Business - No P.O. Box #
3. Mailing Address
Suite, Apt. #, etc. | Suite, Apt. #, etc.
City & State | City & State
Zip | Country | Zip | Country

03/14/07 90035 015 $150.00
1st MOORE CR2E034 (10/06)

4. FEI Number 65-0658147 — Applied For / Not Applicable
5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PEREZ, ROSARIO
3022 NW 79TH AVE.
MIAMI FL 33122

7. Name and Address of New Registered Agent
Name: Rosario Perez
Street Address (P.O. Box Number is Not Acceptable): 1777 NW 79 ave
City: Doral FL Zip Code: 33126

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] — Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: 2/1/2007

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCEO ALVAREZ, JOSE M 3022 NW 79TH AVE. MIAMI FL 33122	☑ Delete	CEO - Vice President Alvin Ruiz 1777 NW 79 ave Doral FL 33126	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPCO PEREZ, ROSARIO 3022 NW 79TH AVE. MIAMI FL 33122	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP				☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP				☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

4/16

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 2-1-07 — Daytime Phone #: 305)406-246