## 2007 FOR PROFIT CORPORATION

## **FILED** Mar 05, 2007 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P96000058264 EL SOL CIGARS, INC. Principal Place of Business Mailing Address 1728 EAST 7TH AVENUE 1728 EAST 7TH AVENUE TAMPA, FL 33605 TAMPA, FL 33605 CR2E034 (11/05) 01202007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3387544 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SAITTA, ROBERT G DO NOT WRITE 1728 EAST 7TH AVENUE TAMPA, FL 33605 IN THIS SPACE 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 DATE . Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 03/14/07-80045-024 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME SAITTA, ROBERT G 1728 EAST 7TH AVENUE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33605 TITLE NAME STREET ADDRESS CITY-\$T-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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. E[]~

SIGNATURE:

CITY-ST-ZIP

ROBERT G. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

298-5905