

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000058264**

1. Entity Name  
**EL SOL CIGARS, INC.**



Principal Place of Business  
**1728 EAST 7TH AVENUE  
TAMPA, FL 33605**

Mailing Address  
**1728 EAST 7TH AVENUE  
TAMPA, FL 33605**



01122008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3387544**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**SAITTA, ROBERT G  
1728 EAST 7TH AVENUE  
TAMPA, FL 33605**

**DO NOT WRITE  
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.

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  
After May 1, 2008 Fee will be \$550.00**

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

0000000812575  
02/12/08-80055-001 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	SAITTA, ROBERT G
STREET ADDRESS	1728 EAST 7TH AVENUE
CITY-ST-ZIP	TAMPA, FL 33605

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-08

813-248-5905