

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90023 003 ***150.00

DOCUMENT # P96000061294

1. Entity Name
P S CIGAR, INC.



Principal Place of Business
19575 SOUTH STATE ROAD 7
8-A
BOCA RATON FL 33498

Mailing Address
19575 SOUTH STATE ROAD 7
8-A
BOCA RATON FL 33498



2. Principal Place of Business - No P.O. Box #

8222 GLADES RD.

Suite, Apt. #, etc.

3. Mailing Address

8222 GLADES.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State
BOCA RATON, FL.

City & State
BOCA RATON, FL.

4. FEI Number 65-0688036

Applied For
Not Applicable

Zip Country
33434 Palm Beach.

Zip Country
33434 PALM BEACH.

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

6. Name and Address of Current Registered Agent

SCARPELLI, PAUL
19575 SOUTH STATE ROAD 7
8-A
BOCA RATON FL 33498

7. Name and Address of New Registered Agent

Name PAUL SCARPELLI
Street Address (P.O. Box Number is Not Acceptable)
8222 GLADES RD
City BOCA RATON FL Zip Code 33434

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, 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

TITLE VP
NAME DOREE N GENET
STREET ADDRESS 23373 BARLAKE DRIVE
CITY-ST-ZIP BOCA RATON FL 33433 ☐ Delete

TITLE P
NAME SCARPELLI, PAUL
STREET ADDRESS 23373 BARLAKE DRIVE
CITY-ST-ZIP BOCA RATON FL 33433 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 12 2007 561-482-9070.

Date Daytime Phone #