2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT# P96000076898

1. EntityName
THECIGARBOXINC.

PrincipalPlaceofBusiness	MailingAddress
5646 N.W. 35TH COURT MIAMI, FL 33142	5646 N.W. 35TH COURT MIAMI, FL 33142

01262004 NoChg-P CR2E034(10/03)

DO NOT WRITE IN THIS SPACE

4. FEINumber
65-0720756
☐ AppliedFor
☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

ROQUE,RAULR
5646N.W.35THCOURT
MIAMI,FL33142

DO NOT WRITE IN THIS SPACE

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____
Signature,typedorprintednameofregisteredagentandtitleifapplicable (NOTE:RegisteredAgentsignaturerequiredwhenre instating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

10. OFFICERSANDDIRECTORS

TITLE	PS
NAME	GOMEZ,ANTHONYR
STREETADDRESS	16155SW117AVE.,BAY24
CITY-ST-ZIP	MIAMI,FL33177
TITLE	VPT
NAME	ROQUE,RAUL
STREETADDRESS	5646N.W.35THCOURT
CITY-ST-ZIP	MIAMI,FL33142
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	

U00000102751
04/05/04-80028-018 150.00

DO NOT WRITE IN THIS SPACE

12. Ihereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: RAUL ROQUE 4/2/04 305-634-2243
SIGNATUREANDTYPEORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#