2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006
Secretary of State

DOCUMENT# P96000082461

Entity Name: JUAN VALDES & SONS CIGAR CO INC.

Current Principal Place of Business:

13876 S.W. 56TH STREET
SUITE 289
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

13876 S.W. 56TH STREET
SUITE 289
MIAMI, FL 33175

New Mailing Address:

FEI Number: 65-0705016 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VALDES, J.C.
290 NW 125TH AVENUE
MIAMI, FL 33182 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: VALDES, ANGELA
Address: 13876 SW 56TH ST
City-St-Zip: MIAMI, FL 33175

Title: P ( ) Delete
Name: REYES, ISMAEL
Address: 290 NW 125TH AVENUE
City-St-Zip: MIAMI, FL 33182

Title: SEC ( ) Delete
Name: VALDES, ODALYS C
Address: 290 NW 125TH AVENUE
City-St-Zip: MIAMI, FL 33182

Title: DIR ( ) Delete
Name: REYES, ISMAEL
Address: 290 NW 125TH AVNUE
City-St-Zip: MIAMI, FL 33182

Title: DIR ( ) Delete
Name: VALDES, ODALYS
Address: 290 NW 125TH AVENUE
City-St-Zip: MIAMI, FL 33182

Title: TRES ( ) Delete
Name: REYES, ISMAEL
Address: 290 NW 125TH AVENUE
City-St-Zip: MIAMI, FL 33182

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ODALYS VALDES DIR 04/21/2006

Electronic Signature of Signing Officer or Director — Date