

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 11, 2003 8:00 am**  
**Secretary of State**

08-11-2003 90284 005 \*\*\*150.00

0038704 AV

**DOCUMENT # P96000085469**

1. Entity Name  
**CIGARS & THINGS, INC.**



Principal Place of Business  
**1925 BRICKEL AVENUE  
# D-1011  
MIAMI FL 33129**

Mailing Address  
**1925 BRICKEL AVENUE  
# D-1011  
MIAMI FL 33129**



2. Principal Place of Business  
**4008 S.W. 57 AVE**

3. Mailing Address  
**4008 S.W. 57 AVE**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Miami - FLA**

City & State  
**Miami - FLA**

Zip  
**33157**

Country  
**Miami - Inde**

Country  
**Miami - Inde**

4. FEI Number  
**65-0701112**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PALAZZOTTO, GEMA M  
1925 BRICKEL AVENUE  
# D-1011  
MIAMI FL 33129**

7. Name and Address of New Registered Agent

Name  
**Gema M. PALAZZOTTO**

Street Address (P.O. Box Number is Not Acceptable)  
**4008 S.W. 57 AVE**

City  
**Miami**

FL Zip Code  
**33157**

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: *Gema M. Palazzotto* **Gema M. Palazzotto** **8-8-03**

Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>PALAZZOTTO, GIOVANNI</b>	
STREET ADDRESS	<b>1925 BRICKEL AVENUE # D-1011</b>	
CITY-ST-ZIP	<b>MIAMI FL 33129</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>PALAZZOTTO, GEMA M</b>	
STREET ADDRESS	<b>1925 BRICKEL AVENUE # D-1011</b>	
CITY-ST-ZIP	<b>MIAMI FL 33129</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIOVANNI PALAZZOTTO</b>	
STREET ADDRESS	<b>4008 S.W. 57 AVE</b>	
CITY-ST-ZIP	<b>Miami - FLA 33157</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Gema M. PALAZZOTTO</b>	
STREET ADDRESS	<b>4008 S.W. 57 AVE</b>	
CITY-ST-ZIP	<b>Miami - FLA 33157</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby 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: *Gema M. Palazzotto* **Gema Palazzotto** **8-8-03** **33157**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (4/703)

Attachment #

**CIGARS & THINGS, INC.**

4008 S.W. 57<sup>TH</sup> avenue  
Miami, Florida 33155  
305-666-1350  
Fax: 305-666-6815

80137446

P96000088169

August 8, 2003

Division of Corporations  
Uniform Business Report Filings  
Post Office Box 1500  
Tallahassee, Florida 32302-1500

Re: Cigars & Things, Inc. Uniform Business Report

Gentlemen:

We are in receipt of the 2003 for Profit Corporation Uniform Business Report stating that we have to pay a fee of \$550.00. Please be advised that we never received this form previously for the year 2002. I respectfully request that the additional fee be waived. I am enclosing herewith our check in the sum of \$150.00 for the filing fee.

If this meets with your approval please advise us by return mail.

Thank you for your attention and courtesies in this matter.

Sincerely,



Genia M. Palazzotto  
Vice President-Director

GP/gmp  
Enclosures