

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000095988

FILED
Jan 20, 2006
Secretary of State

Entity Name: TROPICAL CIGARS OF SOUTH BEACH, INC.

Current Principal Place of Business:

741 LINCOLN ROAD
MIAMI BEACH, FL 33139

New Principal Place of Business:

5400 SOUTH UNIVERSITY DRIVE
SUITE 501-K
DAVIE, FL 33328

Current Mailing Address:

5400 S UNIVERSITY DR
SUITE 501K
DAVIE, FL 33328

New Mailing Address:

5400 SOUTH UNIVERSITY DRIVE
SUITE 501-K
DAVIE, FL 33328

FEI Number: 65-0785387

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLAIR, LAURENCE I
2021 TYLER STREET
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

BLAIR, LAURENCE I
100 WEST CYPRESS CREEK ROAD
SUITE 700
FT. LAUDERDALE, FL 33309 US

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: LAURENCE I. BLAIR

01/20/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: POZO, ARMANDO O
Address: 741-84 LINCOLN ROAD
City-St-Zip: MIAMI BEACH, FL 33139

Title: VSD () Delete
Name: POZO, DEISY
Address: 741-84 LINCOLN ROAD
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: POZO, ARMANDO O
Address: 5400 SOUTH UNIVERSITY DRIVE, #501-K
City-St-Zip: DAVIE, FL 33328

Title: VSD (X) Change () Addition
Name: POZO, DEISY B
Address: 5400 SOUTH UNIVERSITY DRIVE, #501-K
City-St-Zip: DAVIE, FL 33328

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: ARMANDO O. POZO

PTD

01/20/2006

Electronic Signature of Signing Officer or Director

Date