2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000104600

1. Entity Name

CIGAR CONNOISSEUR RADIO NETWORK INC.



Principal Place of Business

4002 GANDY BLVD TAMPA, FL 33611 US Mailing Address

4002 GANDY BLVD TAMPA, FL 33611

US

FILED Feb 01, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01082007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3497278

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additiona

6. Name and Address of Current Registered Agent

ZEPLOWITZ, DAVID 4002 GANDY BLVD TAMPA, FL 33611

DO NOT WRITE IN THIS SPACE

٥.	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 18 \$150.00 After May 1, 2007 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS	
TITLE	D	
NAME	ZEPLOWITZ, DAVID	
STREET ADDRESS	4002 GANDY BLVD	
CITY-ST-ZIP	TAMPA, FL 33611	
TITLE		
NAME		
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NAME		
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CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filling does not qualify for the eye		

DO NOT WRITE

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A Comprehensive Communication of the Communication

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report sytue 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 it changed or on an attachment with an addition, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF MIGNING OFFICER OR DIRECTOR

DIR. Date

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