

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2007 8:00 am**  
**Secretary of State**

02-02-2007 90008 049 \*\*\*150.00

**DOCUMENT # P97000006244**

1. Entity Name  
THE CIGAR WRAPPER COMPANY, INC.



Principal Place of Business  
9700 NW 17 STREET  
MIAMI, FL 33172

Mailing Address  
9700 NW 17 STREET  
MIAMI, FL 33172

40008726



01152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0757601

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

GORRIZ, DOMINGO  
745 SW 35 AVE, STE 203  
MIAMI, FL 33135

CARABALLO, SILVIA C.  
9700 NW 17TH STREET  
MIAMI FL  
33172

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME PEREZ, DAVID A  
STREET ADDRESS 457 LEUCADENORA DRIVE  
CITY-ST-ZIP CORAL GABLES, FL 33156

TITLE VPD  
NAME PEREZ, JOSEPH  
STREET ADDRESS 2685 HACKNEY RD.  
CITY-ST-ZIP WESTON, FL 33330

TITLE S  
NAME CARABALLO, SILVIA C  
STREET ADDRESS 15201 MENTEITH PLACE  
CITY-ST-ZIP MIAMI LAKES, FL 33016

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID A. PEREZ, President 1-15-07 305-593-6958

Date

Daytime Phone #