2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)						FILED Mar 29, 2004 8:00 am		
DOCUMENT # P97000034922 1. Entity Name						Secretary of State		
CIGAR FI	NDERS W	VAREHOUSE, INC.				03-29-2004 90027 013 ***150	.00	
Principal Plac	e of Busines	5	Mailing Address	4				
3098 NW 60TH ST BOCA RATON FL 33496			3098 NW 60TH ST BOCA RATON FL 33496			5402	3438	
US			US					
2. Principal Place of Business 11416 E. Desert Uista Rd			3. Mailing Address 11416 E. Desert Jista Rd		ed			
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.			MOORE CR2E034 (11/0	3)	
Scottsdale Arizona			City & State Scottsdale, Arizon		بم	4. FEI Number 65-0745952	Applied For Not Applicable	
Zip 85255		Country USA	^{Zip} 85255	Country)	Fee Re	5 Additional equired	
	6. Name	and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent			
AMERILAWYER CHARTERED 343 ALMERIA AVENUE					Street Address (P.O. Box Number is Not Acceptable)			
		LES FL 33134			· · · · · · · · · · · · · · · · · · ·			
				City		FL Zip Code		
 Figure 1 Figure 2 B. 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								
FILE NOW !!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Added to Fees								
10.		OFFICERS AND	DIRECTORS 11.			ADDITIONS/CHANGES TO OFFICERS AND DIREC	TORS IN 11	
TITLE	PSTD		Delete	TITLE	PST		ange 🗌 Addition	
NAME STREET ADDRESS	PEARL, DE 3098 N.W.	BORAH P 60TH STREET		NAME STREET ADDRESS	PEA1 1141	RL, DEBORAH P. 16 E. Desert Uista Rd	-	
CITY-ST-ZIP	BOCA RATON FL 33496			CITY - ST- ZIP	500	16 E. Desert Uista Rd Hsdale, Arizona 85255		
title Name	PEARL, DE	BORAH P	Delete	TITLE NAME	PEA	RL, DEBORAH P.	ange 🛄 Addition	
STREET ADDRESS CITY-ST-ZIP	3098 NW 60TH ST BOCA RATON FL 33496			STREET ADDRESS CITY-ST-ZIP	114	RL, DEBORAH P. 16 2. Desert Uista Rd ottsdale, Arizona	85255	
TITLE NAME	······		Detete	TITLE NAME			ange 🗌 Addition	
STREET ADDRESS				STREET ADDRESS	Į			
TITLE			Delete	TITLE			ange 🗌 Addition	
NAME STREET ADDRESS				NAME STREET ADDRESS				
CITY-ST-ZIP				CITY-ST-ZIP				
TITLE NAME	ļ		🔲 Delete	TITLE NAME		Cha	ange 🗌 Addition	
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY - ST - ZIP				
TITLE			Delete	TITLE		Cha	ange 🗌 Addition	
NAME STREET ADDRESS	DEES			NAME STREET ADDRESS	ļ			
CITY-ST-ZIP			·····	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: Alborah P. Plan 3-22-04 480-209-1955 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylume Phone #								