20% FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT									
DOCUMENT # P97000034922					06	FFD LE	Ó		
CIGAR FINDERS WAREHOUSE, INC.					TALLATIA	FILE PHI	le: 1.9		
Principal Place of Business		Mailing Address				OFE FILM	1		
11416 E. DESERT VISTA RD. SCOTTSDALE, AZ 85255 US		11416 E. DESERT VISTA RD. SCOTTSDALE, AZ 85255 US			i weder ne i		94 1	70 (MIC 24	
2. Principal Place of Business		3. Mailing Address			# 1	(c)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01252006	Chg-P	CR2E034 (11/05)	
City & State		City & State			 			plied For at Applicable	
Zip	Country	Zip	Country		5. Certificate of	of Status Desired		75 Add Require	
	6. Name and Address of Current	Registered Agent	Name		7. Name and /	Address of New I	Registered Agen	t	
AMERILAN 343 ALME CORAL GA		ddress (F	2.96 5 2.0. Box Number . W. 22	is Not Acceptable and St		<u>A. </u>			
			City C	the p	<u> </u>		FL	Zip Cod	θ 77
8. The above named entity submits pis 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.									<u>33/45</u> and accept
SIGNATURE Signature, typical of installed regret and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	9. Election Campai Trust Fund Conti			00 May Be od to Fees				
10.	OFFICERS AND		11.		ADDITIONS/C	HANGES TO OF	FICERS AND DIR	ECTOR:	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PEARL, DEBORAH P 11416 E. DESERT VISTA RD. SCOTTSDALE, AZ 85255	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		20 03/07/0	00671 %01006-		Change 그 도도 101	☐ Addition
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12. I hereby certify that the information supplied with this Illing 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: Deborah F. Pearl

