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Secretary of State

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2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000051955

1. Entity Name
HABA-DOM CIGARS CORP.

Principal Place of Business	Mailing Address
2315 N.W. 107 AVENUE SUITE B-12 MIAMI, FL 33172 US	2315 N.W. 107 AVENUE SUITE B-12 MIAMI, FL 33172 US

01292004 No Chg-P CR2E034 (10/03)

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4. FEI Number 65-0761881 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FLEITAS, ROBERTO F
792 N.W. LEJEUNE ROAD
SUITE 530
MIAMI, FL 33126

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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	ZAMORANO-SAENZ, FRANCISCO XX JAVIER
STREET ADDRESS	LAS MIMOSA S/N
CITY-ST-ZIP	SANTA CRUZ DE TENER. SP OC,
TITLE	T
NAME	PROVINS, ERIQUE
STREET ADDRESS	APARTADO DE CORREOS 1364 BARRIO CHAMBERI
CITY-ST-ZIP	SANTA CRUZ DE TENER. SP OC,
TITLE	VP
NAME	MORALES, JAVIER
STREET ADDRESS	APARTADO DE CORREOS 1364 BARRIO CHAMBERI
CITY-ST-ZIP	SANTA CRUZ DE TENER. SP OC,
TITLE	S
NAME	DE ALEDO Y BUERGO, FEDERICO G
STREET ADDRESS	CALLE BENCOMO #19 LA LAGUNA
CITY-ST-ZIP	SANTA CRUZ DE TENER. OC,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X Francisco Javier Zamorano Saenz 02 02 04
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #