


AMENDED
**2004 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # P97000051955					
1. Entity Name HABA-DOM CIGARS CORP.					
Principal Place of Business 2315 N.W. 107 AVENUE STE. B-12 MIAMI, FL 33172 US			Mailing Address 2315 N.W. 107 AVENUE STE. B-12 MIAMI, FL 33172 US		
2. Principal Place of Business 782 NW 42 Ave.		3. Mailing Address 782 NW 42 Ave.			
Suite, Apt. #, etc. 530		Suite, Apt. #, etc. 530			
City & State Miami, FL		City & State Miami, FL			
Zip 33126		Country		4. FEI Number 65-0761881	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FLEITAS, ROBERTO F 782 N.W. LEJEUNE ROAD SUITE 530 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZAMORANO-SAEZ, FRANCISO J LAS MIMOSA S/N SANTA CRUZ DE TENER. SP OC,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	900042364039 11/01/04--01071--017 **\$1.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PROVINS, ERIQUE APARTADO DE CORREOS 1364 BARRIO CHAMBERI SANTA CRUZ DE TENER. SP OC,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORALES, JAVIER APARTADO DE CORREOS 1364 BARRIO CHAMBERI SANTA CRUZ DE TENER. SP OC,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DE ALEDO Y BUERGO, FEDERICO G CALLE BENCOMO #19 LA LAGUNA SANTA CRUZ DE TENER. OC,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			10-23-04 305-442-1439 Date Daytime Phone #		

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

