

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000051955

Entity Name: HABA-DOM CIGARS CORP.

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

782 NW 42 AVE.
MIAMI, FL 33126 US

Current Mailing Address:

782 NW 42 AVE.
MIAMI, FL 33126 US

New Principal Place of Business:

782 NW 42 AVE.
#530
MIAMI, FL 33126 US

New Mailing Address:

782 NW 42 AVE.
#530
MIAMI, FL 33126 US

FEI Number: 65-0761881

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

FLEITAS, ROBERTO F RA
782 N.W. LEJEUNE ROAD
SUITE 530
MIAMI, FL 33126 US

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.

SIGNATURE: ROBERTO F. FLEITAS

04/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ZAMORANO-SAENZ, FRANCISO J
Address: LAS MIMOSA S/N
City-St-Zip: SANTA CRUZ DE TENER. SP OC,

Title: T () Delete
Name: PROVINS, ERIQUE
Address: APARTADO DE CORREOS 1364 BARRIO CHAMBERI
City-St-Zip: SANTA CRUZ DE TENER. SP OC,

Title: VP () Delete
Name: MORALES, JAVIER
Address: APARTADO DE CORREOS 1364 BARRIO CHAMBERI
City-St-Zip: SANTA CRUZ DE TENER. SP OC,

Title: S (X) Delete
Name: DE ALEDO Y BUERGO, FEDERICO G
Address: CALLE BENCOMO #19 LA LAGUNA
City-St-Zip: SANTA CRUZ DE TENER. OC,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/T (X) Change () Addition
Name: BIEHLER, PASCAL
Address: JUAN RAVINA MENDEZ BARRIO CHAMBERI 38009
City-St-Zip: SANTA CRUZ DE TENERIFE, SP OC

Title: S (X) Change () Addition
Name: KRANGLE, MAX
Address: JUAN RAVINA MENDEZ BARRIO CHAMBERI 38009
City-St-Zip: SANTA CRUZ DE TENERIFE, SP OC

Title: D (X) Change () Addition
Name: PIRARD, EDDY
Address: JUAN RAVINA MENDEZ BARRIO CHAMBERI 38009
City-St-Zip: SANTA CRUZ DE TENERIFE, SP OC

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAX KRANGLE

S

04/27/2006

Electronic Signature of Signing Officer or Director

Date