

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90058 048 ***150.00

DOCUMENT # P97000051955					
1. Entity Name HABA-DOM CIGARS CORP.					
Principal Place of Business 782 NW 42 AVE. #530 MIAMI, FL 33126 US			Mailing Address 782 NW 42 AVE. #530 MIAMI, FL 33126 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	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 RA 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 resigning)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE P/T NAME BIEHLER, PASCAL STREET ADDRESS JUAN RAVINA MENDEZ BARRIO CHAMBERI 38009 CITY-ST-ZIP SANTA CRUZ DE TENERIFE, SP	<input checked="" type="checkbox"/> Delete				
TITLE S NAME KRANGLE, MAX STREET ADDRESS JUAN RAVINA MENDEZ BARRIO CHAMBERI 38009 CITY-ST-ZIP SANTA CRUZ DE TENERIFE, SP	<input type="checkbox"/> Delete				
TITLE D NAME PIRARD, EDDY STREET ADDRESS JUAN RAVINA MENDEZ BARRIO CHAMBERI 38009 CITY-ST-ZIP SANTA CRUZ DE TENERIFE, SP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE P/T NAME Krangle, Max STREET ADDRESS Juan Ravina Mendez Barrio Chamberi 38009 CITY-ST-ZIP Santa Cruz de Tenerife, Spain	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
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"/> Change <input type="checkbox"/> Addition				
TITLE D/S NAME Roberto F. Fleitas STREET ADDRESS 782 NW Le Jeune Road, #530 CITY-ST-ZIP Miami, FL 33126	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
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"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing 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: Roberto F. Fleitas				3-27-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
_____				305-442-1439	
_____				Daytime Phone #	

40048149



01102007 Chg-P CR2E034 (12/06)

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P/T	<input checked="" type="checkbox"/> Delete
NAME	BIEHLER, PASCAL	
STREET ADDRESS	JUAN RAVINA MENDEZ BARRIO CHAMBERI 38009	
CITY-ST-ZIP	SANTA CRUZ DE TENERIFE, SP	
TITLE	S	<input type="checkbox"/> Delete
NAME	KRANGLE, MAX	
STREET ADDRESS	JUAN RAVINA MENDEZ BARRIO CHAMBERI 38009	
CITY-ST-ZIP	SANTA CRUZ DE TENERIFE, SP	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIRARD, EDDY	
STREET ADDRESS	JUAN RAVINA MENDEZ BARRIO CHAMBERI 38009	
CITY-ST-ZIP	SANTA CRUZ DE TENERIFE, SP	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Krangle, Max	
STREET ADDRESS	Juan Ravina Mendez Barrio Chamberi 38009	
CITY-ST-ZIP	Santa Cruz de Tenerife, Spain	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roberto F. Fleitas	
STREET ADDRESS	782 NW Le Jeune Road, #530	
CITY-ST-ZIP	Miami, FL 33126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing 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: Roberto F. Fleitas 3-27-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone # 305-442-1439