

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90334 002 ***150.00

DOCUMENT # P97000059314



1. Entity Name
EL CANELO & INFIESTA CIGARS CORP

Principal Place of Business
**3840 SW 61 AVE
MIAMI FL 33155
US**

Mailing Address
**3840 SW 61 AVE
MIAMI FL 33155
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0769832**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODRIGUEZ, ELBA
3226 NW 7TH ST
MIAMI FL 33125**

Name **ELba Rodriguez**
Street Address (P.O. Box Number is Not Acceptable)
3840 S-W 61 AVE
City **Miami** FL Zip Code **33155**

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 *Elba Rodriguez* **ELBA Rodriguez, President** **4/25/03**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ELBA	
STREET ADDRESS	709 NW AVE	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	ST	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, MADELINE	
STREET ADDRESS	709 NW AVE.	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	DS	<input type="checkbox"/> Delete
NAME	TOLEDO, LAURA	
STREET ADDRESS	3226 NW 7TH ST	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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 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: *Elba Rodriguez* **SIGNATURE REQUIRED** **4/25/03 (305) 740-3039**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (10/02)