


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000090158		
1. Entity Name YBOR TOBACCO, INC.		
Principal Place of Business 2215 SHADEHILL CT. TAMPA, FL 33612 US	Mailing Address 2215 SHADEHILL CT. TAMPA, FL 33612 US	
DO NOT WRITE IN THIS SPACE		



02222006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3473827	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LOPEZ, AL R JR. 4600 W. CYPRESS ST., STE. 500 TAMPA, FL 33607
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

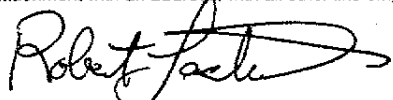
FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAstra, ROBERT 3006 W. BROAD ST. TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VIGIL, WAYNE 3923 VERSAILLES DR. TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COSTA, ANTHONY 3423 DREXEL AVE. TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PUMARIEGA, MAUEL L 2215 SHADEHILL CT. TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000450620
03/10/06-80013-009 150.00

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:  ROBERT LASTRA, President 2/22/06 (813) 933-6.