


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

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



03152007 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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000671443 03/28/07-80029-014 150.00
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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	

**DO NOT WRITE  
IN THIS SPACE**

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:**  **Manuel L. Pumariega** **3/15/07 (813) 933-6158**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #