2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

TETLE NAME STREET ADDRESS CITY-ST-ZIP TELLE NAME STREET ADDRESS

FILED Mar 24, 2008 08:00 A **DOCUMENT # P97000090158 Secretary of State** YBOR TOBACCO, INC. Principal Place of Business Mailing Address 2215 SHADEHILL CT. 2215 SHADEHILL CT. TAMPA, FL 33612 US TAMPA, FL 33612 US 03212008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3473827 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LOPEZ, ALR JR. DO NOT WRITE 4600 W. CYPRESS ST., STE. 500 TAMPA, FL 33607 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE U000000868666 n4/n9/n8-80018-006 158.75 NAME LASTRA, ROBERT 3006 W. BROAD ST. STREET ADDRESS CITY-ST-7IP TAMPA, FL 33614 TITLE NAME VIGIL, WAYNE STREET ADDRESS 3923 VERSAILLES DR. CITY-ST-ZIP TAMPA, FL 33634 TITLE COSTA, ANTHONY NAME STREET ADDRESS 3423 DREXEL AVE. DO NOT WRITE CITY-ST-ZIP TAMPA, FL 33629 IN THIS SPACE PUMARIEGA, MAUEL L NAME STREET ADDRESS 2215 SHADEHILL CT. CITY-ST-ZIP TAMPA, FL 33612

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. PUMANI.	egn	TRAJUNE	3/2	1/08	(813	1930-0414	<
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date			Daytır	na Phone #	•