

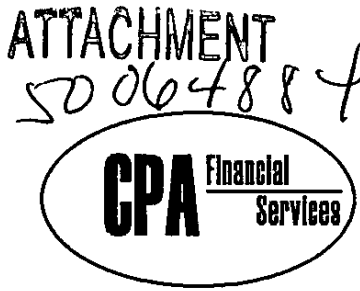


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 06, 2005 8:00 am**  
**Secretary of State**

09-06-2005 90132 017 \*\*\*150.00

<b>DOCUMENT # P98000011146</b> 1. Entity Name <b>TORRES CIGARS COMPANY, INC.</b>					
Principal Place of Business <b>26246 STATE RD 54</b> <b>#9</b> <b>LUTZ, FL 33559 US</b>			Mailing Address <b>26246 STATE RD 54</b> <b>#9</b> <b>LUTZ, FL 33559 US</b>		
2. Principal Place of Business <b>26246 WESLEY CHAPEL BLVD.</b> Suite, Apt. #, etc. <b>#9</b>		3. Mailing Address <b>26246 WESLEY CHAPEL BLVD</b> Suite, Apt. #, etc. <b>#9</b>			
City & State <b>LUTZ FL</b>		City & State <b>LUTZ FL</b>		4. FEI Number <b>59-3489434</b>	
Zip <b>33559</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TORRES, WILFREDO</b> <b>26246 STATE ROAD</b> <b>#9</b> <b>LUTZ, FL 33559</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>TORRES, WILFREDO</b> <b>5636 DARK STAR LOOP</b> <b>WESLEY CHAPEL, FL 33544</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>TORRES, STELIANA</b> <b>5636 DARK STAR LOOP</b> <b>WESLEY CHAPEL, FL 33544</b>	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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 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.					
<b>SIGNATURE: Wilfredo Torres</b> <b>WILFREDO TORRES</b> <b>9/2/05</b> <b>813-994-5445</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					



September 2, 2005

Division of Corporations  
UBR Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: Torres Cigars Company, Inc.  
Doc. # P98000011146

Dear Sir or Madam:

My client, Torres Cigars Company, Inc. requested that I write this letter regarding the filing of their 2005 UBR. Enclosed is the signed report and a check for \$150.00 for the annual fee.

Mr. Torres, the president of the Corporation signs and files these reports annually with the State as he has in the past. He did not receive the 2005 report at the beginning of the year when it usually comes in the mail. If he had received it he would have signed the report and filed it with the \$150.00 annual fee. He has in the past taken care of the filings as they came in. It is possible that the change of address may have contributed to this.

Based on the above stated fact that the report was never received, we are asking that the \$400.00 late fee be waived. The non-filing was not intentional and had he received the report he would have filed it as usual before the initial due date.

Thank you for your consideration to our request and cooperation in this matter. If additional information is needed please let us know.

Sincerely,

A handwritten signature in black ink, appearing to read "Anthony Antonewitz", followed by the letters "CRS" in a larger, bold font.

Anthony Antonewitz, CPA  
Encl.