## 🗻 2006 FOR PROFIT CORPORATION

## May 02, 2006 8:00 am Secretary of State ANNUAL REPORT 05-02-2006 90417 046 \*\*\*150.00 **DOCUMENT # P98000019612** NATIONAL CIGAR CORPORATION Mailing Address Principal Place of Business 40079705 3663 SW 8TH ST 3663 SW 8TH ST 3RD FLOOR 3RD FLOOR MIAMI, FL 33135 MIAMI, FL 33135 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02162006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-0815511 Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VALLS, FELIPE A Street Address (P.O. Box Number is Not Acceptable) 3663 SW 8TH ST 3RD FLR MIAMI, FL 33135 City Zip Code FL 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 SIGNATURE. Signature, typed or printed name of requsiered agont and tifle if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS IN 11 10. 11. DP THLE Delete TULE Change ☐ Addition NAME VALLS, FELIPE A NAME 3663 SW 8TH ST - 3RD FLR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33135 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition EDWARDS, JEANNETTE NAME NAME 3663 SW 8TH ST THIRD FLOOR STREET ADDRESS STREET ADDRESS MIAMI, FL 33135 CITY ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE. Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Delete HILL TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CHY-ST-7P ☐ Delete DITE Change \_\_\_ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-7IP TOTLE ☐ Delute TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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12. Thereby certify that the information supplied with this filling 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 it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report is 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 appopared.

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SIGNATURE:

**FILED**