

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90417 046 \*\*\*150.00

<b>DOCUMENT # P98000019612</b> 1. Entity Name <b>NATIONAL CIGAR CORPORATION</b>					
Principal Place of Business <b>3663 SW 8TH ST 3RD FLOOR MIAMI, FL 33135</b>			Mailing Address <b>3663 SW 8TH ST 3RD FLOOR MIAMI, FL 33135</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip			3. Mailing Address Suite, Apt. #, etc. City & State Zip		
Country			Country		
<b>6. Name and Address of Current Registered Agent</b>  <b>VALLS, FELIPE A 3663 SW 8TH ST 3RD FLR MIAMI, FL 33135</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
Signature			DATE		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VALLS, FELIPE A 3663 SW 8TH ST - 3RD FLR MIAMI, FL 33135	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EDWARDS, JEANNETTE 3663 SW 8TH ST THIRD FLOOR MIAMI, FL 33135	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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.					
<b>SIGNATURE:</b> <i>Fvals</i> <b>4/25/06</b> <b>(305) 446 4916</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40079705



02162006 Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0815511**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**FL** Zip Code