

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000045340

1. Entity Name  
COLLEGIATE ALUMNI CIGAR CLUB, INC.



Principal Place of Business

501 S.E. MIZNER BOULEVARD #80  
BOCA RATON, FL 33432-6003

Mailing Address

501 S.E. MIZNER BOULEVARD #80  
BOCA RATON, FL 33432-6003



01282005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0847023

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BENNINGTON, JAMES  
501 S.E. MIZNER BOULEVARD #80  
BOCA RATON, FL 33432-6003

**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

Signature, typed or printed name of registered agent and Title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME BENNINGTON, JAMES  
STREET ADDRESS 501 S.E. MIZNER BOULEVARD #80  
CITY-ST-ZIP BOCA RATON, FL 33432-6003

TITLE P  
NAME DEBARROS, CHRISTINA  
STREET ADDRESS 501 SEMIZNER BLVD #80  
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

U00000205881  
01/31/05-80062-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE: Christina de Barros  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/05  
Date

561-391-1372  
Daytime Phone #