

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90049 026 ***150.00

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1. Entity Name

MEDINA CIGARS, INC.



Principal Place of Business

3855 SW 137TH AVE UNIT 11
MIAMI FL 33175

Mailing Address

5610 SOUTHWEST 93RD AVENUE
MIAMI FL 33173



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33173

Country

USA

Zip

Country

4. FEI Number 65-0866191

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

MEDINA, MANUEL O
5610 SOUTHWEST 93RD AVENUE
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Manuel O. Medina

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

(NOTE: Registered Agent signature required when first filing)

Date

1/23/07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

NAME PS MEDINA, MANUEL ONELLO ☐ Delete
STREET ADDRESS 5610 S.W. 93RD AVE.
CITY ST ZIP MIAMI FL 33173

NAME ☐ Delete
STREET ADDRESS
CITY ST ZIP

NAME ☐ Delete
STREET ADDRESS
CITY ST ZIP

NAME ☐ Delete
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CITY ST ZIP

NAME ☐ Delete
STREET ADDRESS
CITY ST ZIP

NAME ☐ Delete
STREET ADDRESS
CITY ST ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY ST ZIP

NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY ST ZIP

NAME ☐ Change ☐ Addition
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NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 O. Medina

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/07 305-273-7733

Date

Daytime Phone #