

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000083448

Entity Name: MEDINA CIGARS, INC.

FILED  
Jan 20, 2009  
Secretary of State

**Current Principal Place of Business:**

5610 SW 93RD AVE.  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

5610 SOUTHWEST 93RD AVENUE  
MIAMI, FL 33173

**New Mailing Address:**

FEI Number: 65-0866191

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: MEDINA, MANUEL ONELLO  
Address: 5610 S.W. 93RD AVE.  
City-St-Zip: MIAMI, FL 33173

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL ONELIO MEDINA

PRES

01/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date