

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90177 032 ***150.00

DOCUMENT # P99000052812



1. Entity Name
AVILA CIGARS CORPORATION

Principal Place of Business
**4445 W 16 AVENUE
SUITE 308
HIALEAH FL 33016**

Mailing Address
**8004 NW 154 ST
PMB 182
MIAMI LAKES FL 33016**



2. Principal Place of Business
8004 NW 154 ST

3. Mailing Address

Suite, Apt. #, etc.
182

Suite, Apt. #, etc.

City & State
MIAMI LAKES, FL

City & State

4. FEI Number **65-0928483**

Applied For
 Not Applicable

Zip
33016

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NODAL, RAHEL
8275 NW 158 TERRACE
MIAMI LAKES FL 33016**

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

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, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	NODAL, RAFAEL	
STREET ADDRESS	8275 NW 158 TERRACE	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	V	<input type="checkbox"/> Delete
NAME	BISCHOFF, HENRY J	
STREET ADDRESS	1170 HIATUS RD	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/03

Date

(305) 557-6919
Daytime Phone #

CR2E034 (10/02)