


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 20, 2004 8:00 am
Secretary of State

08-20-2004 90007 022 ***550.00

DOCUMENT # P99000105360	
1. Entity Name OPTIMA TOBACCO CORP.	

Principal Place of Business 1611 NW 82ND AVE MIAMI FL 33126 US	Mailing Address 15 EAST SUNRISE AVENUE CORAL GABLES FL 33133
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24080479



MOORE CR2E034 (4/04)

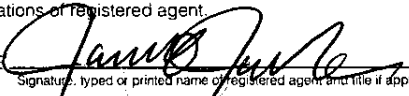
2. Principal Place of Business 52 N. PROSPECT DR Suite, Apt. #, etc.	3. Mailing Address 52 N. PROSPECT DR Suite, Apt. #, etc.
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City & State CORAL GABLES, FL	City & State CORAL GABLES, FL	4. FEI Number 65-0967419	Applied For <input type="checkbox"/> Not Applicable
Zip 33133	Country USA	Zip 33133	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JUDGE, JAMES O 15 EAST SUNRISE AVENUE CORAL GABLES FL 33133		7. Name and Address of New Registered Agent Name JUDGE, JAMES O. Street Address (P.O. Box Number is Not Acceptable) 52 N. PROSPECT DR. City CORAL GABLES FL Zip Code 33133	
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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  DATE **8-16-04**

Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> Delete
NAME MAKEPEACE, R. DENNIS	
STREET ADDRESS 7621 LITTLE AVENUE SUITE 200	
CITY-ST-ZIP CHARLOTTE NC 28226	
TITLE P	<input type="checkbox"/> Delete
NAME JUDGE, JAMES O	
STREET ADDRESS 15 E SUNRISE AVE	
CITY-ST-ZIP MIAMI FL 33133	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7621 Little Ave #200
STREET ADDRESS	Charlotte, N.C. 28226
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	52 N. PROSPECT DR.
STREET ADDRESS	CORAL GABLES, FL 33133
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  DATE **08/16/04** Daytime Phone # **305-740-0300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR