

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S09129

FILED
Apr 29, 2004
Secretary of State

Entity Name: FUENTE & NEWMAN PREMIUM CIGARS LIMITED, INC.

Current Principal Place of Business:

PO BOX 2030
TAMPA, FL 33601

New Principal Place of Business:

2701 NORTH 16TH STREET
TAMPA, FL 33605

Current Mailing Address:

PO BOX 2030
TAMPA, FL 33601

New Mailing Address:

P.O. BOX 76219
TAMPA, FL 33605

FEI Number: 59-3036870

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHARP, WILLIAM M.
4890 W KENNEDY BLVD
STE 900
TAMPA, FL 336091850 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: D () Delete
Name: FUENTE, CARLOS P.,
Address: ZONA FRANCA
City-St-Zip: SANTIAGO, DOMINIC.REP,

Title: D () Delete
Name: FUENTE, CARLOS A.,
Address: ZONA FRANCA
City-St-Zip: SANTIAGO, DOMINIC.REP,

Title: DP () Delete
Name: NEWMAN, ERIC M,
Address: 2701 16TH STREET
City-St-Zip: TAMPA, FL

Title: DVP () Delete
Name: NEWMAN, ROBERT C.
Address: 2701 16TH STREET
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: NEWMAN, STANFORD J.,
Address: 2701 16TH STREET
City-St-Zip: TAMPA, FL

Title: DVPS () Delete
Name: SUAREZ, CYNTHIA F
Address: 4910 ANDROS DR.
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ERIC M NEWMAN

DP

04/29/2004

Electronic Signature of Signing Officer or Director

_____ Date