


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90049 032 ***150.00

DOCUMENT # S09129
 1. Entity Name
FUENTE & NEWMAN PREMIUM CIGARS LIMITED, INC.



Principal Place of Business
**2701 NORTH 16TH STREET
 TAMPA, FL 33605**

Mailing Address
**P.O. BOX 76219
 TAMPA, FL 33605**

40073603

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

04112007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3036870

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**SHARP, WILLIAM M SR.
 4890 W KENNEDY BLVD
 STE 900
 TAMPA, FL 33609-1850**

7. Name and Address of New Registered Agent
 Name **KAREN R. SMITH**
 Street Address (P.O. Box Number is Not Acceptable)
1310 N. 22ND STREET
 City **TAMPA** FL Zip Code **33605**

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 *Karen R. Smith* DATE **4-12-07**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FUENTE, CARLOS P 10 EDGEWATER DRIVE, UNIT 10D, TOWER II CORAL GABLES, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FUENTE, CARLOS A 2714 W. WOODLAWN AVE. TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete NEWMAN, ERIC M 2701 16TH STREET TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input type="checkbox"/> Delete NEWMAN, ROBERT C 2701 16TH STREET TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete NEWMAN, STANFORD J 2701 16TH STREET TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS <input type="checkbox"/> Delete SUAREZ, CYNTHIA F 4910 ANDROS DR. TAMPA, FL 33629

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ANDREW M. NEWMAN 2701 16TH STREET TAMPA FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Carlos Fuente* DATE: **04-11-07** DAYTIME PHONE #: **813-242-4541**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT
40073603

Fuente & Newman Premium Cigars Limited, Inc.

Document #S09129

2007 for Profit Corporation Annual Report

Attachment

10. Officers and Directors:

D
J. Wayne Suarez
4910 Andros Drive
Tampa, FL 33629