


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 08:00 A
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



02252008 No Chg-P CR2E034 (11/05)

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

**SMITH, KAREN R
 1310 N. 22ND STREET
 TAMPA, FL 33605**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 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 FUENTE, CARLOS P 10 EDGEWATER DRIVE, UNIT 10D, TOWER II CORAL GABLES, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUENTE, CARLOS A 2714 W. WOODLAWN AVE. TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NEWMAN, ERIC M 2701 16TH STREET TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NEWMAN, ROBERT C 2701 16TH STREET TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWMAN, ANDREW M 2701 16TH STREET TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SUAREZ, CYNTHIA F 4910 ANDROS DR. TAMPA, FL 33629

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 03/19/08-80021-011 150.00

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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: *Karen R Smith* **2/26/2008** **813-242-4541**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #