## FILED May 29, 2002 8:00 am Secretary of State

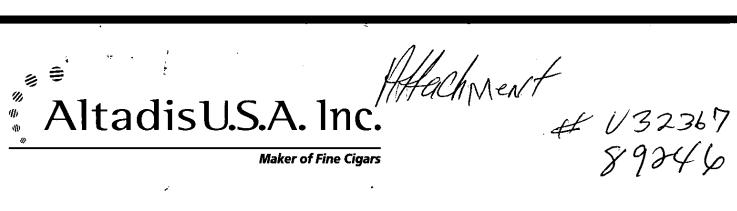
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UN	IFORI	M-BUSIN	ESS REPO	RT (UBR
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SIGNATURE: GARY R. ELLIS
SIGNATURE AND TYPED OR PRINTED NAI

U	MILOWM-DOSIME:	33 MEPUNI	(ODN)		Secretar,	y or State	
DOCU 1. Entity Nan	MENT # V32367				04-18-2002 904	72 046 ***150.00	
PHILL	LES CIGAR COMPANY						
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					0.00		
		. Mailing Address Same			790	$\varphi \varphi$	
5900 N.T. ANDREWS AVE. Suite, Apt. #, etc.		Suite, Apt. #, etc.		$\dashv$	DO NOT WRITE IN THIS	SPACE	
FT. LAUDERDALE, FL.						I had to	
City & Stat 33309	te -2369	City & State		4.	FEI Number	Applied For  Not Applicable	
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Additional Fee Required	
Doce	Jeremy P.			7. N	ame and Address of Current Registered	l Agent	
2775	( - La . La . La . La	NTE		Name			
tain	2200	RITE	Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
7	IN THIS SPA	ACE					
			City		FL	Zip Code	
* The share	e named entity submits this statement for the	na numero et chenging ils re	raistered office or ren	eterert ar		<u>'                                    </u>	
a. rne above	e named entity soonins and statement for a	le purpose of crianging no re	galerod omod or rog				
SIGNATURE				7	einstatino) DATE		
	Signature, typed or printed name of registered agent and		Registered Agent signature re-		einstaung) DAIC		
	oration is eligible to satisfy its Intangible requirement and elects to do so.	After May 1	Fee is \$550.00		10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be	
_	eria on back)	Amended Make Check Payable	UBR is \$61.25 to Department of	State	Trust Fund Contribution. L.	Added to Fees	
11.	OFFICERS AND DI	RECTORS					
TITLE	DPST CARY R. ELLIS		TITLE NAME			CRZE034B (12/01)	
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TIFLE			TITLE				
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STREET ADORESS			STREET ADDRESS CITY-ST-ZIP				
CITY-ST-ZIP	positive that the information are allest with the	is filing doce not cuplify for the		Section	119 07(3\(i)) Florida Statutes I further cert	Lify that the information	
or the co	certify that the information supplied with the don this report or supplemental report is trusperation or the receiver or trustee empowers with an address, with all other like empo	ered to execute this report	signature shall have as required by Chapt	the same er 607, Flo	legal effect as if made under oath; that I a orida Statutes; and that my name appears	m an officer or director in Block 11 or on an	

4-8-02

(972) 772-9000



May 7, 2002

Florida Department of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Enclosed is our reply to your request for a registered agent on the annual report submitted for Phillies Cigar Company.

The original form was obtained on the Internet because our regular pre-printed form was not received at the time of filing. The Internet form had markings in the box for registered agent.

Our regular form was subsequently forwarded to us and we are now submitting it along with the form you sent back to us. This should give you all the information you need to process the report. We have corrected the mailing address so forms will come directly to us in the future.

Please let me know if there is anything further you need from us.

Sincerely,

Connie Falbo Tax Director

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