

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 260237

FILED  
Feb 15, 2008  
Secretary of State

Entity Name: DOSAL TOBACCO CORPORATION

## Current Principal Place of Business:

4775 NW 132 STREET  
OPA LOCKA, FL 33054

## New Principal Place of Business:

## Current Mailing Address:

100 SE 2ND ST  
34TH FLOOR  
MIAMI, FL 33132158

## New Mailing Address:

100 SE 2ND ST  
SUITE 1600  
MIAMI, FL 33132158

FEI Number: 59-0979845

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BIPC CORPORATE REGISTERED AGENTS, INC  
100 SE 2ND ST  
34TH FLOOR  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

F & L CORP.  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202 US

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: WILLIAM E. DAVIS

02/15/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: DOSAL, MARGARITA  
Address: 4775 NW 132 STREET  
City-St-Zip: OPA LOCKA, FL 33054

Title: VD ( ) Delete  
Name: DOSAL, GEORGE  
Address: 4775 NW 132 STREET  
City-St-Zip: OPA LOCKA, FL 33054

Title: D ( ) Delete  
Name: BOLTON, BEATRIZ  
Address: 4775 NW 132 STREET  
City-St-Zip: OPA LOCKA, FL 33054

Title: D ( ) Delete  
Name: DOSAL, MIRIAM  
Address: 4775 NW 132 STREET  
City-St-Zip: OPA LOCKA, FL 33054

## 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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARGARITA DOSAL

P

02/15/2008

Electronic Signature of Signing Officer or Director

Date