

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 260237

FILED
Feb 25, 2009
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:

2 S BISCAYNE BLVD.
STE 1900
MIAMI, FL 33131

New Mailing Address:

FEI Number: 59-0979845 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

PSTD

02/25/2009

Electronic Signature of Signing Officer or Director

_____ Date