

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 339757

**Entity Name:** ARTURO FUENTE CIGAR FACTORY, INC.

**Current Principal Place of Business:**

1310 NORTH 22ND STREET  
TAMPA, FL 33605-5317

**FILED**  
**Apr 01, 2015**  
**Secretary of State**  
**CC5373976931**

**Current Mailing Address:**

P O BOX 5175  
TAMPA, FL 33675-5175 US

**FEI Number: 59-1287206**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SMITH, KAREN R  
1310 NORTH 22ND STREET  
TAMPA, FL 33605-5317 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name FUENTE SUAREZ, CYNTHIA  
Address P O BOX 5175  
City-State-Zip: TAMPA FL 33675-5175

Title DVP  
Name FUENTE, CARLOS A  
Address P O BOX 5175  
City-State-Zip: TAMPA FL 33675-5175

Title D  
Name FUENTE, CARLOS P  
Address P O BOX 5175  
City-State-Zip: TAMPA FL 33675-5175

Title VPS  
Name SMITH, KAREN R  
Address P O BOX 5175  
City-State-Zip: TAMPA FL 33675-5175

Title CFO, T  
Name BRADY, ROBERT T  
Address P O BOX 5175  
City-State-Zip: TAMPA FL 33675-5175

*I hereby 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 all other like empowered.*

**SIGNATURE: KAREN R SMITH**

**VICE PRESIDENT**

**04/01/2015**

Electronic Signature of Signing Officer/Director Detail

Date