

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S09129

**Entity Name:** FUENTE & NEWMAN PREMIUM CIGARS LIMITED, INC.

**Current Principal Place of Business:**

2701 NORTH 16TH STREET  
TAMPA, FL 33605

**Current Mailing Address:**

P.O. BOX 76219  
TAMPA, FL 33605

**FEI Number:** 59-3036870

**Certificate of Status Desired:** No

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

SMITH, KAREN R  
1310 N. 22ND STREET  
TAMPA, FL 33605 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 D  
Name FUENTE, CARLOS P  
Address 10 EDGEWATER DRIVE, UNIT 10D,  
TOWER II  
City-State-Zip: CORAL GABLES FL 33133

Title D  
Name FUENTE, CARLOS A  
Address 2714 W. WOODLAWN AVE.  
City-State-Zip: TAMPA FL 33607

Title DP  
Name NEWMAN, ERIC M  
Address 2701 16TH STREET  
City-State-Zip: TAMPA FL

Title DV  
Name NEWMAN, ROBERT C  
Address 2701 16TH STREET  
City-State-Zip: TAMPA FL

Title D  
Name NEWMAN, ANDREW M  
Address 2701 16TH STREET  
City-State-Zip: TAMPA FL 33605

Title DVS  
Name SUAREZ, CYNTHIA F  
Address 29 SPANISH MAIN  
City-State-Zip: TAMPA FL 33609

*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:** ERIC NEWMAN

**DIRECTOR**

**03/08/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date