## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Jan 22, 2007 08:00 AM **DOCUMENT # 267461** Secretary of State CENTRAL AMERICAN TOBACCO PRODUCTS INC Principal Place of Business Mailing Address 9520 HARDING AVE. SURFSIDE FL 33154 9520 HARDING AVE. SURFSIDE FL 33154 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 59-1050138 Not Applicable Zip Country Country Zip \$8.75 Additional $\Box$ 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CUBOTA, MARIA C Street Address (P.O. Box Number is Not Acceptable) 9520 HARDING AVE. SURFSIDE FL 33154 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent SIGNATURE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. ☐ Change Addition mili Delete mu CUBOTA, MARIA C. U00000595975 01/23/07-80060-022 150.00 NAMI NAMI 9520 HARDING AVE. STREET ADDRESS STHEET ADDRESS SURFSIDE FL 33154 CITY-ST-ZIP CHY-SI-7IP ☐ Change m Defete ■ Addilion STILLET ADDRESS STREET LADDRESS CITY - ST-71P CHY-SI-7P IIIII ☐ Delete 31111 Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-SI-ZIP ☐ Delete Change Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-ZIP Detete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete mu. Change NAME NAME STREET ADDRESS STRUET ADDRESS CITY-ST-ZIP CITY-SI-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**FILED**