

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000002137

**FILED**  
**Feb 19, 2014**  
**Secretary of State**  
**CC2045415223**

**Entity Name:** TABACALERA LA ALIANZA S.A. INC.

**Current Principal Place of Business:**

53RD STREET, MMG TOWER, 16TH FLOOR  
PANAMA CITY, PANAMA, PN

**Current Mailing Address:**

53RD STREET, MMG TOWER, 16TH FLOOR  
PANAMA CITY, PANAMA, PN OC

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MCPHILLIPS LAW FIRM PA  
255 ALHAMBRA CIRCLE  
#850  
CORAL GABLES, FL 33134 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            CHRM  
Name            PEREZ-CARRILLO, ERNESTO  
Address        53RD STREET, MMG TOWER, 16TH  
                  FLOOR  
City-State-Zip: PANAMA CITY, PANAMA

Title            P  
Name            PEREZ-CARRILLO, ERNESTO  
Address        53RD STREET, MMG TOWER, 16TH  
                  FLOOR  
City-State-Zip: PANAMA CITY, PANAMA

Title            VPD  
Name            PEREZ-CARRILLO, ERNESTO III  
Address        53RD STREET, MMG TOWER, 16TH  
                  FLOOR  
City-State-Zip: PANAMA CITY, PANAMA

Title            VCS  
Name            MCPHILLIPS, LISSETTE  
Address        53RD STREET, MMG TOWER, 16TH  
                  FLOOR  
City-State-Zip: PANAMA CITY, PANAMA

*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:** ERNESTO PEREZ-CARRILLO

CHRM

02/19/2014

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

\_\_\_\_\_  
Date