

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90015 012 ***150.00

DOCUMENT # F97000005952

1. Entity Name
ALTADIS U.S.A. INC.



Principal Place of Business
**3901 RIGA BLVD.
TAMPA, FL 33601**

Mailing Address
**5900 NORTH ANDREWS AVENUE
FORT LAUDERDALE, FL 33309-2369**

40100432



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01282008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-3472656

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature: Typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCD
FOLZ, THEO W
936 INTERCOASTAL DRIVE
FORT LAUDERDALE, FL 33034 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCD
FOLZ, THEO W.
5900 N. Andrews Ave.
FORT LAUDERDALE, FL 33309 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPCD
ELLIS, GARY R
4410 NE 24TH TERRACE
POMPANO BEACH, FL 33064 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Executive VP & CFO, Director
Ellis, Gary R.
5900 N. Andrews Ave.
FT. Lauderdale, FL 33309 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPC
PARNOFIELLO, JAMES
1350 PARKSIDE CIRCLE
BOCA RATON, FL 33486 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Senior VP Finance
Parnofello, James W.
5900 N. Andrews Ave.
FT. Lauderdale, FL 33309 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SETRAKIAN, BERGE
191 CEDAR STREET
ENGLEWOOD, NJ 07631 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
Setrakian Berge
5900 N. Andrews Ave.
FORT LAUDERDALE, FL 33309 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jim PARNOFIELLO

Date

Daytime Phone #

4/1/08

954-772-9000