## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000126671

Entity Name: TABACCALERA SAMON CORP

FILED May 07, 2007 Secretary of State

Littly Na	IIIe. TABACCALI	LRA SAMON CORF.			
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
	ST. UNIT 101 CRES, FL 33971	US	5473 LEE ST. UNIT 2 LEHIGH ACRES, FL 3		
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	ST. UNIT 101 CRES, FL 33971	US	5473 LEE ST. UNIT 2 LEHIGH ACRES, FL 3		
FEI Number	: 20-5087772	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
The above	3 TER. RAL, FL 33914	US omits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electronic	Signature of Registered Ag	ent	Date	
		)(b), F.S., the corporation did na	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P/D () De GOMEZ, EDEL 619 SW 28 TER. CAPE CORAL, FL		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP () De GOMEZ, JOEL 619 SW 28 TER. CAPE CORAL, FL		Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EDEL GOMEZ PD 05/07/2007