

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Jun 08, 2004 8:00 am
Secretary of State

05-05-2004 90215 011 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P0300007870 1. Entity Name ANGRY MOON CIGARS, INC.			
Principal Place of Business 3300 LANTANA RD LANTANA FL 33462		Mailing Address 3300 LANTANA RD LANTANA FL 33462	
2. Principal Place of Business 1200 TOWN CENTER DR		3. Mailing Address SAME	
Suite, Apt. #, etc. SUITE # 107		Suite, Apt. #, etc.	
City & State JUPITER, FL.		City & State	
Zip FL 33458.		Zip	
Country USA		Country	
4. FEI Number 331042902		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRUSIS, ARMAND 8000 HARDING AVE APT 3E MIAMI BEACH FL 33141		7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PT PRUSIS, ARMAND 3300 LANTANA RD LANTANA FL 33462	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PRUSIS, EDMUND 3300 LANTANA RD LANTANA FL 33462	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like empowered.			
SIGNATURE: ARMAND PRUSIS		Date: 04.29.04. Daytime Phone #: 5617995656	