#### 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: EDMUND PRUSIS

Electronic Signature of Signing Officer/Director Detail

D

# 04/28/2019

Date

#### 2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# P05000044771

Entity Name: ANGRY MOON CIGARS DOWNTOWN, INC.

#### **Current Principal Place of Business:**

2401 PGA BLVD. SUITE 194 PALM BEACH GARDENS, FL 33410

#### **Current Mailing Address:**

2401 PGA BLVD. SUITE 194 PALM BEACH GARDENS, FL 33410 US

## FEI Number: 25-1913367

### Name and Address of Current Registered Agent:

PRUSIS, ARMAND 2401 PGA BLVD. SUITE 194 PALM BEACH GARDENS, FL 33410 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. SI

Officer/Director Detail :							
Title	D	Title	D				
Name	PRUSIS, ARMAND	Name	PRUSIS, EDMUND				
Address	2401 PGA BLVD. SUITE 194	Address	2401 PGA BLVD. SUITE 194				
City-State-Zip:	PALM BEACH GARDENS FL 33410	City-State-Zip:	PALM BEACH GARDENS FL 33410				

SIGNATURE:	:			
	Electronic Signature of Registered Agent			I
Officer/Direc	tor Detail :			
Fitle	D	Title	D	

Certificate of Status Desired: No

FILED Apr 28, 2019 Secretary of State 8938407245CC