

# **2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P08000090405

Entity Name: PALM BEACH GARDENS CIGARS INC

**FILED**  
**Jun 01, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

10967 NORTH MILITARY TRAIL  
PALM BEACH GARDENS, FL 33410 US

**New Principal Place of Business:**

**Current Mailing Address:**

10967 NORTH MILITARY TRAIL  
PALM BEACH GARDENS, FL 33410 US

**New Mailing Address:**

FEI Number: 26-3475008

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LOSOVER, FRANK  
16761 131ST WAY NORTH  
JUPITER, FL 33478 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LOSOVER, FRANK  
Address: 16761 131ST WAY NORTH  
City-St-Zip: JUPITER, FL 33478

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: ABEE, FRANK P  
Address: 260 TIMBERWALK TRAIL  
City-St-Zip: JUPITER, FL 33458

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: FRANK LOSOVER

P

06/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date