

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000023365

**Entity Name:** BLUE SMOKE CIGARS, INC.

**Current Principal Place of Business:**

369 SW 192 AVE  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

369 SW 192 AVE  
PEMBROKE PINES, FL 33029

**FEI Number:** 45-5416360

**Certificate of Status Desired:** Yes

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

EATON, MORTON  
369 SW 192 AVE  
PEMBROKE PINES, FL 33029 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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name EATON, MORTON II  
Address 369 SW 192 AVE  
City-State-Zip: PEMBROKE PINES FL 33029

Title PRESIDENT, CEO  
Name LIGSAY-EATON, JEANNETTE  
Address 369 SW 192 AVE  
City-State-Zip: PEMBROKE PINES FL 33029

Title CFO  
Name SHOEMAKER, MICHAEL  
Address 369 SW 192 AVE  
City-State-Zip: PEMBROKE PINES FL 33029

Title BUSINESS DESIGN CORDINATOR,  
GENERAL CONTRACTOR  
Name EATON, MARIO  
Address 369 SW 192 AVE  
City-State-Zip: PEMBROKE PINES FL 33029

Title MARKETING DIRECTOR  
Name LIGSAY-SHOEMAKER, CHERYL  
Address 369 SW 192 AVE  
City-State-Zip: PEMBROKE PINES FL 33029

*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:** MORTON K. EATON II

VP

04/30/2015

Electronic Signature of Signing Officer/Director Detail

Date