

Apr. 1 '04 12:40

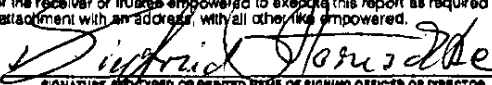
OSUALDO NAVARRO CPA

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FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90299 020 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 537776			
1. Entity Name SIGMAR CORPORATION			
Principal Place of Business KEY COLONY #1 CONDOMINIUM, UNIT 730 201 CRANDON BLVD. KEY BISCAYNE, FL 33149		Mailing Address 782 NW EL JEUNE ROAD STE 629 MIAMI, FL 33126-5671 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
03032004 Chg-P		CR2E034 (10/03)	
4. FEI Number 59-1754333		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EVANS, LESLIE R. 375 SOUTH COUNTRY ROAD, SUITE 218 PALM BEACH, FL 33480		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PD MARUSCHKE, SIEGFRIED AVENIDA J.P. DUARTE #13 SANTIAGO, DO ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MARUSCHKE MENDEZ, SIEGFRIED PETER AVENIDA J. P. DUARTE #13, SANTIAGO, R. D. ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MARUSCHKE, SIEGFRIED AVENIDA J.P. DUARTE #13 SANTIAGO, DO ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST MARUSCHKE, MERCEDES AVENIDA J.P. DUARTE #13 SANTIAGO, DO ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARUSCHKE, MERCEDES AVENIDA J.P. DUARTE #13 SANTIAGO, DO ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MENDEZ, HORTENSIA (ASST) AVENIDA J.P. DUARTE #13 SANTIAGO, DO ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MENDEZ, MARTA AVENIDA J.P. DUARTE #13 SANTIAGO, DO ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		April 1, 2004 (809)582-5030	
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	