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Secretary of State
04-29-2004 90299 020 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 537776

1. Entity Name
SIGMAR CORPORATION

14012448

Principal Place of Business	Mailing Address
KEY COLONY #1 CONDOMINIUM, UNIT 730 201 CRANDON BLVD. KEY BISCAYNE, FL 33149	782 NW EL JEUNE ROAD STE 629 MIAMI, FL 33126-5671 US

03032004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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	7. Name and Address of New Registered Agent
EVANS, LESLIE R. 375 SOUTH COUNTRY ROAD, SUITE 218 PALM BEACH, FL 33480	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 _____
Signature, typed or printed name of registered agent and title if applicable. (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: Siegfried Maruschke April 1, 2004 (809)582-5030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #