

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2003 8:00 am
Secretary of State

04-24-2003 90317 001 ***750.00

DOCUMENT # P02000053819

1. Entity Name
SIGO BATH CORP.



Principal Place of Business 2450 SW 137 AVENUE SUITE 234 MIAMI FL 33175	Mailing Address 2450 SW 137 AVENUE SUITE 234 MIAMI FL 33175
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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CHECK HERE IF MAKING CHANGES

City & State	City & State	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LOPEZ, PETER M
2450 SW 137 AVENUE
SUITE 234
MIAMI FL 33175**

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	D <input type="checkbox"/> Delete
NAME	SIERRA GONZALEZ, BENIGNO
STREET ADDRESS	C/O 2450 SW 137 AVENUE
CITY-ST-ZIP	MIAMI FL 33175
TITLE	D <input type="checkbox"/> Delete
NAME	SIERRA GONZALEZ, CARLOS A
STREET ADDRESS	C/O 2450 SW 137 AVENUE
CITY-ST-ZIP	MIAMI FL 33175
TITLE	D <input type="checkbox"/> Delete
NAME	SIERRA GONZALEZ, PEDRO
STREET ADDRESS	C/O 2450 SW 137 AVENUE
CITY-ST-ZIP	MIAMI FL 33175
TITLE	D <input type="checkbox"/> Delete
NAME	SIERRA GONZALEZ, ANGEL
STREET ADDRESS	C/O 2450 SW 137 AVENUE
CITY-ST-ZIP	MIAMI FL 33175
TITLE	D <input type="checkbox"/> Delete
NAME	SIERRA GONZALEZ, JORGE A
STREET ADDRESS	C/O 2450 SW 137 AVENUE
CITY-ST-ZIP	MIAMI FL 33175
TITLE	D <input type="checkbox"/> Delete
NAME	SIERRA GONZALEZ, GUILLERMO A
STREET ADDRESS	C/O 2450 SW 137 AVENUE
CITY-ST-ZIP	MIAMI FL 33175

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 reports 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EC04 (10/02)