


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
04 APR 13 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P03000017045</b> 1. Entity Name <b>SIGMA FORCE ELECTRICAL, CORP.</b>	
--	---

Principal Place of Business <b>575 SW 57 AVE. APT. #1 MIAMI, FL 33144</b>	Mailing Address <b>575 SW 57 AVE. APT. #1 MIAMI, FL 33144</b>
--	--

2. Principal Place of Business <b>14727 SW 63 Lane</b>	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State <b>Miami, FL</b>	City & State
Zip <b>33193</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>MIRABAL, HUMBERTO 575 SW 57 AVE. APT. #1 MIAMI, FL 33144</b>		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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
---	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input type="checkbox"/> Delete <b>MIRABAL, HUMBERTO</b> <b>575 SW 57 AVE. APT. #1</b> <b>MIAMI, FL 33144</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Humberto Mirabal</b> <b>14727 SW 63 Lane</b> <b>Miami, FL 33193</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900033430519</b> <b>04/21/04--01028--008 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** *[Signature]* Date: 4/12/2004 Daytime Phone #: (786) 253 2500

*Tu*