

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P03000082394**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 MAY 11 PM 3:37

1. Entity Name  
**SYGMA TRADING COMPANY, CORP.**

Principal Place of Business  
**2655 LE JEUNE ROAD  
SUITE 500  
CORAL GABLES, FL 33134**

Mailing Address  
**2655 LE JEUNE ROAD  
SUITE 500  
CORAL GABLES, FL 33134**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03012003 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

**05-0580978**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MILLENNIA CONSULTING SERVICES, INC.  
2630 NE 203RD ST.  
SUITE 106B  
MIAMI, FL 33180**

7. Name and Address of New Registered Agent

Name **ELO ENTERPRISES, INC.**

Street Address (P.O. Box Number is Not Acceptable)

**1900 W. Commercial Blvd. #139**

City **Ft. Lauderdale FL** Zip Code **33309**

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 \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  Delete  
NAME **CAMARGO, GUSTAVO**  
STREET ADDRESS **2655 LE JEUNE ROAD SUITE 500**  
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE VD  Delete  
NAME **PONTES, CLEIDER C**  
STREET ADDRESS **2655 LE JEUNE ROAD**  
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**600036204106**  
**05/12/04--01064--001 \*\*2100.00**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  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 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:

*Gustavo Camargo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #