

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90014 015 ***150.00

DOCUMENT # P97000076370

1. Entity Name
SIGERTRONIC SYSTEMS CORPORATION



Principal Place of Business
6030 HOLLYWOOD BLVD SUITE 220
HOLLYWOOD, FL 33024 US

Mailing Address
6030 HOLLYWOOD BLVD SUITE 220
HOLLYWOOD, FL 33024 US

24037526



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03292004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0779429

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

BENNETT, ROBERT C
6030 HOLLYWOOD BLVD SUITE 220
HOLLYWOOD, FL 33024

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PTSM
BENNETT, ROBERT C MR.
1610 S.W. 116TH AVE
PEMBROKE PINES, FL 33025

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
MUNNINGS, CRIOS F MR.
30 NEWTOWN BARRACKS
BELIZE CITY, BELIZE, BZ 00000

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
ESQUIVEL, DAVID A MR.
11671 SW 17TH STREET
PEMBROKE PINES, FL 33020

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PTSM
BENNETT, ROBERT C.
8240 SW 41ST ST.
DAVIE, FL 33328

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/04

Date

954-983-6060

Daytime Phone #