

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000001846

Entity Name: SIGMA CHI 6100 SAN AMARO DRIVE CORP.**Current Principal Place of Business:**400 SOUTH POINTE DR
#609
MIAMI BEACH, FL 33139**Current Mailing Address:**PO BOX 31-0963
MIAMI, FL 33231-0963**FEI Number:** 27-1991359**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GARAY, RAWAY ESQ.
1831 SW 27TH AVE
MIAMI, FL 33145 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	MARIAN, CRAIG
Address	400 SOUTH POINTE DR #609
City-State-Zip:	MIAMI BEACH FL 33139
Title	CHAIRMAN
Name	PERRY, PHILLIP
Address	3 GROVE CIRCLE
City-State-Zip:	E BRIDGEWATER MA 02333
Title	ASST. SECRETARY
Name	PERRY, EDWARD
Address	1601 NORTHWOOD ST UNIT A
City-State-Zip:	HOUSTON TX 77009

Title	VP/SEC
Name	BURROUGHS, MARK
Address	119 CHIMNEY RISE DR
City-State-Zip:	CARY NC
Title	DIRECTOR
Name	PENN, JEFF
Address	1239 MARSEILLE DR #105
City-State-Zip:	MIAMI BEACH FL 33141

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CRAIG MARIAN

PRESIDENT

04/06/2014

Electronic Signature of Signing Officer/Director Detail_____
Date