


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 13, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 537776</b> 1. Entity Name <b>SIGMAR CORPORATION</b>					
Principal Place of Business <b>KEY COLONY #1 CONDOMINIUM, UNIT 730 201 CRANDON BLVD. KEY BISCAYNE FL 33149</b>			Mailing Address <b>782 NW EL JEUNE ROAD STE 629 MIAMI FL 33126-5671 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-1754333</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				1st MOORE CR2E034 (10/04)	
6. Name and Address of Current Registered Agent  <b>EVANS, LESLIE R. 375 SOUTH COUNTRY ROAD, SUITE 218 PALM BEACH FL 33480</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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) Signature, typed or printed name of registered agent and title if applicable _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input type="checkbox"/> Delete <b>MARUSCHKE, SIEGFRIED AVENIDA J.P. DUARTE #13 SANTIAGO DO</b>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>05/13/05-80007-022 150.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS <input type="checkbox"/> Delete <b>MARUSCHKE, SIEGFRIED AVENIDA J.P. DUARTE #13 SANTIAGO DO</b>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST <input type="checkbox"/> Delete <b>MARUSCHKE, MERCEDES AVENIDA J.P. DUARTE #13 SANTIAGO DO</b>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>MARUSCHKE, MERCEDES AVENIDA J.P. DUARTE #13 SANTIAGO DO</b>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS <input type="checkbox"/> Delete <b>MARUSCHKE MENDEZ, SIEGFRIED PETER AVENIDA J.P. DUARTE #13 SANTIAGO DO</b>			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:** Leslie R. Evans  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/05 809-582-5030  
 Date Daytime Phone #