

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 16, 2006 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>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/05)

4. FEI Number <b>59-1754333</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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	
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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 re-stating)	DATE
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**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	MARUSCHKE, SIEGFRIED			NAME			
STREET ADDRESS	AVENIDA J.P. DUARTE #13			STREET ADDRESS			
CITY-ST-ZIP	SANTIAGO DO			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	MARUSCHKE, SIEGFRIED			NAME			
STREET ADDRESS	AVENIDA J.P. DUARTE #13			STREET ADDRESS			
CITY-ST-ZIP	SANTIAGO DO			CITY-ST-ZIP			
TITLE	VST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	MARUSCHKE, MERCEDES			NAME			
STREET ADDRESS	AVENIDA J.P. DUARTE #13			STREET ADDRESS			
CITY-ST-ZIP	SANTIAGO DO			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	MARUSCHKE, MERCEDES			NAME			
STREET ADDRESS	AVENIDA J.P. DUARTE #13			STREET ADDRESS			
CITY-ST-ZIP	SANTIAGO DO			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	MARUSCHKE MENDEZ, SIEGFRIED PETER			NAME			
STREET ADDRESS	AVENIDA J.P. DUARTE #13			STREET ADDRESS			
CITY-ST-ZIP	SANTIAGO DO			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: 	3/29/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #