

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2004 8:00 am**  
**Secretary of State**

03-10-2004 90018 014 \*\*\*150.00

DOCUMENT # 540138

1. Entity Name

SIGA, INC.



Principal Place of Business

1900 SW 127TH AVE  
DAVIE FL 33325  
5500 DAVIE RD.  
DAVIE, FL 33314

Mailing Address

1900 SW 127TH AVE  
DAVIE FL 33325  
5500 DAVIE RD.  
DAVIE, FL 33314

54016737



MOORE

CR2E034 (11/03)

2. Principal Place of Business

5500 DAVIE ROAD

3. Mailing Address

5500 DAVIE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE FL

City & State

DAVIE FL

4. FEI Number

59-1745307

Applied For

Not Applicable

Zip

33314

Country

BROWARD

Zip

33314

Country

BROWARD

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

SIGARS, SAMUEL K.

~~1900 SW 127 AVE~~  
~~DAVIE FL 33325~~ 5500 DAVIE RD.  
DAVIE, FL 33314

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 SAMUEL K SIGARS (See below for 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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME SIGARS, SAMUEL K.  
STREET ADDRESS 1900 SW 127TH AVE  
CITY-ST-ZIP DAVIE FL 33325

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 5500 DAVIE RD.  
CITY-ST-ZIP DAVIE, FL 33314

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
NAME  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/04

Date:

Daytime Phone #

954-577-9662