2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State
01-26-2005 90012 045 ****70.00

DOCUMENT # 740208

1. Entity Name
SIG-AL, INC.

40006861

Principal Place of Business	Mailing Address
15600 N.W. 42ND AVENUE MIAMI, FL 33054	15600 N.W. 42ND AVENUE MIAMI, FL 33054

01212005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2614284 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BENJAMIN, CHRISTOPHER ESQ.
19 W FLAGLER ST.
STE. 705
MIAMI, FL 33130

7. Name and Address of New Registered Agent

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HANKERSON, HANK 20355 NE 34 CT., CONDO 2721 AVENTURA, FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FO ALLEN, STANLEY 1420 SW 104 AVE PEMBROKE PINES, FL 33025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD COAKLEY, AUDLEY 6930 NW 186 ST MIAMI, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BRINSON, WILLIE 1421 NW 137 AV. MIAMI, FL 33167	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO BENJAMIN, CHRISTOPHER 19 W FLAGLER ST., STE. 705 MIAMI, FL 33130	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES./CEO PETER HARDEN 1955 NW 171 ST MIAMI, FL 33056	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 617, 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: Stanley Allen FO Stanley Allen 1/21/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #