

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740208

FILED
Jan 14, 2009
Secretary of State

Entity Name: SIG-AL, INC.

Current Principal Place of Business:

15600 N.W. 42ND AVENUE
MIAMI, FL 33054

New Principal Place of Business:

Current Mailing Address:

15600 N.W. 42ND AVENUE
MIAMI, FL 33054

New Mailing Address:

FEI Number: 59-2614284

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: MR () Delete
Name: MINGO, HENRY PRES/DI
Address: 4900 NW 179TH ST
City-St-Zip: MIAMI, FL 33055

Title: MR () Delete
Name: ALLEN, STANLEY L TRS/DIR
Address: 1420 SW 104 AVE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: MR () Delete
Name: COAKLEY, AUDLEY DIR
Address: 16789 NW 13TH CRT
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MR () Delete
Name: SMITH, BALJEAN SEC/DIR
Address: 4010 NW 188TH STREET
City-St-Zip: MIAMI, FL 33055

Title: MR () Delete
Name: HARDEN, PETER DIR
Address: 1955 NE 171 ST
City-St-Zip: OPA LOCKA, FL 33056

Title: MR () Delete
Name: HYLOR, KEITH VP/DIR
Address: 9401 SW EIGHTH STREET
City-St-Zip: PEMBROKE PINES, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STANLEY ALLEN

TRS/

01/14/2009

Electronic Signature of Signing Officer or Director

Date