

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # F06000006105

1. Entity Name
SIGMA FOODS, INC.



Principal Place of Business
**110 CYPRESS STATION DR SUITE 202
HOUSTON, TX 77090**

Mailing Address
**110 CYPRESS STATION DR SUITE 202
HOUSTON, TX 77090**



03192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0637546

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR SUITE A
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP RAMOS, SERGIO 110 CYPRESS STATION DR SUITE 202 HOUSTON, TX 77090 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV ROMERO, RAFAEL 110 CYPRESS STATION DR SUITE 202 HOUSTON, TX 77090 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV VELAZCO, EDUARDO L 110 CYPRESS STATION DR SUITE 202 HOUSTON, TX 77090 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS JIMENEZ, CARLOS AVE GOMEZ MORIN 1111 SUR COL CARRIZALEJO GARZA GARCIA NL CP 66254, |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT GARZA, REYNALDO AVE GOMEZ MORIN 1111 SUR COL CARRIZALEJO GARZA GARCIA NL CP 66254, |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS PAREDES, ALEJANDRO AVE GOMEZ MORIN 1111 SUR COL CARRIZALEJO GARZA GARCIA NL CP 66254, |

UN0000687123
04/10/07-80028-003 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am the 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 on the report, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDUARDO LEAL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/26/2007

Date