


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 Mailing Address

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

DO NOT WRITE IN THIS SPACE



03192007 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0637546	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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,

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04/10/07-80028-003 158.75

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 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 LEA 03/26/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date