2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # F98000006488

1. Entity Name
SIGNIUS COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
4902 SW 72ND AVE MIAMI, FL 33155	3088 STATE RTE 27 SUITE 8 KENDALL PARK, NJ 08824

04252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3501599
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEON, JOSUE
4902 SW 72ND AVE
MIAMI, FL 33155

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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	PD
NAME	PUDLES, GARY
STREET ADDRESS	345 WITHERSPOON ST
CITY-ST-ZIP	PRINCETON, NJ 08542
TITLE	VD
NAME	ROBERTSHAW, BARBARA
STREET ADDRESS	345 WITHERSPOON ST
CITY-ST-ZIP	PRINCETON, NJ 08542
TITLE	STD
NAME	ZAR, ALAN
STREET ADDRESS	345 WITHERSPOON ST
CITY-ST-ZIP	PRINCETON, NJ 08542
TITLE	CD
NAME	ROBERTSHAW, WILLIAM
STREET ADDRESS	345 WITHERSPOON ST
CITY-ST-ZIP	PRINCETON, NJ 08542
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: _____ ALAN N. ZAR 4/26/07 732-940 1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #