

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2004 8:00 am
Secretary of State

01-27-2004 90001 043 ***150.00

DOCUMENT # J33813

1. Entity Name
SIGRA ELECTRONICS, INC.



Principal Place of Business

**7397 DAVIE ROAD EXTENSION
HOLLYWOOD, FL 33024**

Mailing Address

**7397 DAVIE ROAD EXTENSION
HOLLYWOOD, FL 33024**

**6591 SW 48th ST # 3A
DAVIE, FL 33314-4338**

- SAME -

44004559



01202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2720623

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DRUJAK, ARTHUR M
10123 NW 13TH CT
PLANTATION, FL 33322**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RUCKLI, EDGAR
STREET ADDRESS	SONNENBERG 1
CITY - ST - ZIP	SWITZERLAND,
TITLE	V
NAME	BRUNEAU, CYNTHIA
STREET ADDRESS	65915 W 48TH ST 6591 SW 48th ST
CITY - ST - ZIP	DAVIE, FL 33314
TITLE	PD
NAME	RUCKLI, THOMAS
STREET ADDRESS	8 RUE TEMARA
CITY - ST - ZIP	PARIS, FRANCE,
TITLE	VD
NAME	RUCKLI, CHRISTOPHER
STREET ADDRESS	SONNENBERG 1
CITY - ST - ZIP	SWITZERLAND,
TITLE	ST
NAME	DRUJAK, ARTHUR M
STREET ADDRESS	10123 NW 13TH CT
CITY - ST - ZIP	PLANTATION, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/04

Date

954-485-4448

Daytime Phone #