

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90059 039 ***150.00

DOCUMENT # L09139

1. Entity Name

SIGLER DEVELOPMENT, CORP.



Principal Place of Business

Mailing Address

~~18975 COLLINS AVE~~
~~A-201~~
~~MIAMI BEACH FL 33160~~
US

3302 Village Green DR.
Miami, FL 33175

POB 163200
MIAMI FL 33116

2. Principal Place of Business No P.O. Box #

3. Mailing Address

3302 Village Green DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0222317

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIGLER, JOSE I
~~18975 COLLINS AVE~~
~~STE A-201~~
~~MIAMI BEACH FL 33160~~

Name

Street Address (P.O. Box Number is Not Acceptable)

3302 Village Green DR.

City

Miami

FL

Zip Code

33175

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.

JOSE I. Sigler

(NOTE: Registered Agent signature required when reinstating)

4/4/2007

DATE

FILE NOW! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SIGLER, JOSE I
STREET ADDRESS ~~18975 COLLINS AVE A-201~~
CITY-STATE-ZIP ~~MIAMI BEACH FL 33160~~

TITLE
NAME
STREET ADDRESS P.O. Box 163200
CITY-STATE-ZIP Miami, FL 33116 ☒ Change ☐ Addition

TITLE VSD
NAME DIAZ, GLADYS
STREET ADDRESS ~~10811 NW 18 ST~~
CITY-STATE-ZIP REMBROKE PINES FL 33026

TITLE
NAME
STREET ADDRESS P.O. Box 163200
CITY-STATE-ZIP Miami, FL 33116 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLADYS DIAZ 4/4/07 786 367 9814

Date

Daytime Phone #