

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 11, 2005 08:00 AM
Secretary of State

DOCUMENT # M54106

1. Entity Name
SIGMA CONSTRUCTION & ENGINEERING, CORP.



Principal Place of Business

**3155 S W 99 CT
MIAMI, FL 33165**

Mailing Address

**3155 S W 99 CT
MIAMI, FL 33165**

DO NOT WRITE IN THIS SPACE



07072005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2828067

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MOREJON, LUIS
3155 S W 99 CT
MIAMI, FL 33165**

**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

Luig Morejon
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/8/05

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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
**PDS
MOREJON, LUIS
3155 S W 99 CT
MIAMI, FL 33165**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MOREJON, LUIS
3155 S W 99 CT
MIAMI, FL 33165**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MOREJON, GILDA
3155 S W 99 CT
MIAMI, FL 33165**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100010376197
08/11/05-80006-005 \$550.00

**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:

Luig Morejon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

8/8/05 305-221-0280