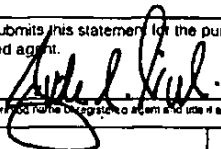
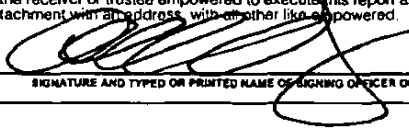


FILED
Jun 05, 2008 8:00 am
Secretary of State

05-01-2008 90207 013 ***138.75

06-05-2008 90003 005 ****11.25

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000011036			
1. Entity Name BIGAL CORP.			
Principal Place of Business 444 BRICKELL AVENUE SUITE 900 MIAMI, FL 33131		Mailing Address 444 BRICKELL AVENUE SUITE 900 MIAMI, FL 33131	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0978794		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEGAGNEUR, NATHALIE 444 BRICKELL AVENUE SUITE 900 MIAMI, FL 33131		7. Name and Address of New Registered Agent Jude M. Williams 444 Brickell Avenue Suite 900 Miami, FL 33131 Zip Code	
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: 02/21/08 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when renouncing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	DPST DE OLAZARRA, ALLEN C 444 BRICKELL AVE., STE. 900 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 another like empowered. SIGNATURE:  DATE: 4/30/08 305.995.9998 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			