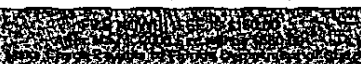


FILED
Jun 02, 2003 8:00 am
Secretary of State

05-02-2003 90327 001 *****8.75
05-02-2003 90327 002 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000028393		
1. Entity Name SIGMA COMP INC.		
Principal Place of Business 5610 NW 114 PL #215 MIAMI, FL 33178		Mailing Address 5610 NW 114 PL #215 MIAMI, FL 33178
2. Principal Place of Business 8861 Mountain Blue Blv Suite 306 MIAMI, FL 33178		3. Mailing Address 8861 Mountain Blue Blv Suite 306 MIAMI, FL 33178
City & State MIAMI FLORIDA		City & State MIAMI, FLORIDA
Zip 33172		Country USA
4. Filing Number 50-0006473		5. Certificate of Status Desired ☒ Applied For ☐ Not Applicable
6. Name and Address of Current Registered Agent VERA, JUAN C 5610 NW 114 PL #215 MIAMI, FL 33178		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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  By _____, President or General Manager of registered agent and sole officer/owner. DATE _____		
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		002E004 (10/02)
10. OFFICERS AND DIRECTORS		
11. ADDITION/CHANGES TO OFFICERS AND DIRECTORS BY 11		
12. I hereby certify that the information reported with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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 registered agent 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 to this address, with all other like information.		
SIGNATURE:  4/30/03 (786) 4861364		
13. I hereby certify that the information reported with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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 registered agent 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 to this address, with all other like information.		