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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

55045810

1. Entity Name
SIGMA COMP INC.

Principal Place of Business	Mailing Address
5610 NW 114 PL #215 MIAMI, FL 33178	5610 NW 114 PL #215 MIAMI, FL 33178

2. Principal Place of Business	3. Mailing Address
8861 Fountain Blue Blv	8861 Fountain Blue Blv
Suite, Apt. #, etc. #306	Suite, Apt. #, etc. Suite 306
City & State MIAMI Florida	City & State Miami Florida
Zip / Country 33172 / USA	Zip / Country 33172 / USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number
50-0006473
☑ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

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 _____ DATE

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	DP VERA, JUAN C 5610 NW 114 PL #215 MIAMI, FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV ACUNA, LENIS 5610 NW 114 PL #215 MIAMI, FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV VERA, LILIANA 5610 NW 114 PL #215 MIAMI, FL 33178	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV CARRILLO, CARMEN 5610 NW 114 PL #215 MIAMI, FL 33178	☒ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. I hereby certify that the information indicated 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: _____ 4/30/03 (786)4861364
SIGNATURE OF AN OFFICER OR DIRECTOR OR AGENT OR, IF PARTNERSHIP, GENERAL PARTNER OR AGENT — Date — Daytime Phone #