

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000106414

1. Entity Name  
SHIGGLES, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUN -7 AM 8:30

Principal Place of Business  
13755 SW 119TH AVENUE  
MIAMI, FL 33186-6265

Mailing Address  
13755 SW 119TH AVENUE  
MIAMI, FL 33186-6265



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04012004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

68-0556929

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

SAMOLE, MYRON M  
9700 SOUTH DIXIE HIGHWAY  
SUITE 1030  
MIAMI, FL 33156

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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 ☐ Delete  
NAME **2** SAMOLE, SHANE  
STREET ADDRESS 9700 SOUTH DIXIE HIGHWAY #1030  
CITY-ST-ZIP MIAMI, FL 33156

TITLE ☒ Change ☐ Addition  
NAME **P D** Samole, Shane  
STREET ADDRESS 13755 SW 119 Ave.  
CITY-ST-ZIP Miami FL 33186

TITLE ☐ Delete  
NAME **S** SCHNEIDER, WERNER O  
STREET ADDRESS 15581 SW 146TH AVENUE  
CITY-ST-ZIP MIAMI, FL 331776823

TITLE ☒ Change ☐ Addition  
NAME **S** Schneider, Werner O.  
STREET ADDRESS 13755 SW 119 Ave  
CITY-ST-ZIP Miami, FL 33186

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 reports 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 the reports 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 fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 21, 2004 305-477-8080

Date

Daytime Phone #

6/10 AD