

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000106414

1. Entity Name
SHIGGLES, INC.



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

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



DO NOT WRITE IN THIS SPACE

01252006 No Chg-P CR2E034 (11/05)

4. FEI Number
68-0556929

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

113723706-20021-016 158.75

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SAMOLE, SHANE
STREET ADDRESS 13755 SW 119TH AVENUE
CITY-ST-ZIP MIAMI, FL 331866265

TITLE S
NAME SCHNEIDER, WERNER O
STREET ADDRESS 13755 SW 119TH AVENUE
CITY-ST-ZIP MIAMI, FL 331866265

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHANE SAMOLE

3/9/06

Date

305-477-8080

Daytime Phone #