



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # P02000106414 1. Entity Name SHIGGLES, INC.	
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Principal Place of Business 13755 SW 119TH AVENUE MIAMI, FL 33186-6265	Mailing Address 13755 SW 119TH AVENUE MIAMI, FL 33186-6265
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DO NOT WRITE IN THIS SPACE



02212007 No Chg-P CR2E034 (11/05)

4. FEI Number 68-0556929	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAMOLE, SHANE 13755 SW 119TH AVENUE MIAMI, FL 331866265
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHNEIDER, WERNER O 13755 SW 119TH AVENUE MIAMI, FL 331866265
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04/25/07-80011-015 158.75

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:  **3/15/07 (305) 477-8080**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____