


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 29, 2008 08:00 A
Secretary of State

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| 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

02142008 No Chg-P CR2E034 (11/05)

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| 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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|---|---|-----------------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | DATE 03/12/08-80019-016 158.75 |
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10. OFFICERS AND DIRECTORS

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| 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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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: Shane Samole PRESIDENT Feb 22 2008 305-477-8080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #