


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P03000037163 1. Entity Name SIGLER INVESTMENTS, INC. |  |
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|--|--|
| Principal Place of Business PO BOX 163200 MIAMI, FL 33116-3200 | Mailing Address PO BOX 163200 MIAMI, FL 33116-3200 |
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DO NOT WRITE IN THIS SPACE



04012008 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 51-0456615 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

SIGLER, MIGUEL
 14355 SW 112 TERRACE
 MIAMI, FL 33186

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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, 2008 Fee will be \$550.00

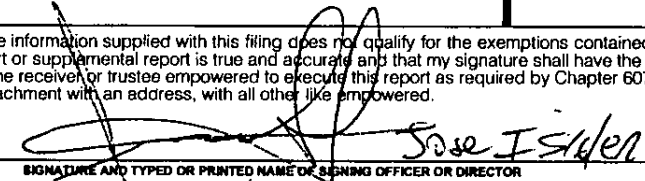
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000894971
 04/24/08-80049-012 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES SIGLER, JOSE I PO BOX 163200 MIAMI, FL 331163200 |
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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:  **Jose Isidoro** 4/10/08 305 970 1063 786 367 9814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #