

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P03000073021

1. Entity Name  
ZIGMA CUSTOM WOODWORKING INC.



Principal Place of Business  
1924 TTIGERTAIL BLVD.  
BLDG. #12  
DANIA BEACH, FL 33004 US

Mailing Address  
1924 TTIGERTAIL BLVD.  
BLDG. #12  
DANIA BEACH, FL 33004 US



01202007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1945613	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**

BRIONES, NILTO N  
1924 TIGERTAIL BLVD.  
BLDG. #12  
DANIA BEACH, FL 33004

**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. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PS
NAME	BRIONES, NILTO N
STREET ADDRESS	1924 TIGERTAIL BLVD. BLDG. #12
CITY - ST - ZIP	DANIA BEACH, FL 33004

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/26/07-80054-002 150.00

**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 the like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/2007 (954) 921 8665  
Date Daytime Phone #