

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State


DOCUMENT # P03000073021

1. Entity Name
ZIGMA CUSTOM WOODWORKING INC.



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| 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 |
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DO NOT WRITE IN THIS SPACE



02022008 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 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**

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

**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

000000821712
 02/19/08-80038-004 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS BRIONES, NILTO N 1924 TIGERTAIL BLVD. BLDG. #12 DANIA BEACH, FL 33004 |
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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 of the like empowered.

SIGNATURE: *X [Signature]* **02/02/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #