

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000082394

1. Entity Name
SYGMA TRADING COMPANY, CORP.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 11 PM 3:37

Principal Place of Business
2655 LE JEUNE ROAD
SUITE 500
CORAL GABLES, FL 33134

Mailing Address
2655 LE JEUNE ROAD
SUITE 500
CORAL GABLES, FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03012003

Chg-P

CR2E034 (10/03)

4. FEI Number

05-0580978

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLENNIA CONSULTING SERVICES, INC.
2630 NE 203RD ST.
SUITE 1000
MIAMI, FL 33180

7. Name and Address of New Registered Agent

Name **ELO ENTERPRISES, INC.**

Street Address (P.O. Box Number is Not Acceptable)

1900 W. Commercial Blvd. #139

City **Ft. Lauderdale** FL Zip Code **33309**

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)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CAMARGO, GUSTAVO ☐ Delete
STREET ADDRESS 2655 LE JEUNE ROAD SUITE 500
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VD
NAME PONTES, CLEIDER C ☐ Delete
STREET ADDRESS 2655 LE JEUNE ROAD
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600036204106
CITY-ST-ZIP 05/12/04--01064--001 **2100.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Gustavo Camargo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #