

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90152 028 ***158.75

20057823



DOCUMENT # P03000103941			
1. Entity Name SYGMA GENERAL SERVICES, INC.			
Principal Place of Business 700 N.W. 214TH STREET BUILDING 2, APT 619 MIAMI, FL 33169-2089		Mailing Address 700 N.W. 214TH STREET BUILDING 2, APT 619 MIAMI, FL 33169-2089	
2. Principal Place of Business 6869 NW 179 street		3. Mailing Address 6869 NW 179 street	
Suite, Apt. #, etc. APTO 207		Suite, Apt. #, etc. APTO 207	
City & State HIALEAH FLORIDA		City & State HIALEAH FLORIDA	
Zip 33015	Country E.U.	Zip 33015	Country E.U.
6. Name and Address of Current Registered Agent BOTERO, JORGE E 700 N.W. 214TH STREET BUILDING 2, APT 619 MIAMI, FL 33169-2089		7. Name and Address of New Registered Agent Name: JORGE E. BOTERO Street Address (P.O. Box Number is Not Acceptable) 6869 NW 179 street APTO 207 City: HIALEAH FL Zip Code: 33015	
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PVST <input type="checkbox"/> Delete	NAME BOTERO, JORGE E	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME BOTERO JORGE E
STREET ADDRESS 700 N.W. 214TH STREET BLDG 2 APT. 619	CITY-ST-ZIP MIAMI, FL 331692089	STREET ADDRESS 6869 NW 179 STREET APTO 207	CITY-ST-ZIP HIALEAH, FL 33015
TITLE D <input type="checkbox"/> Delete	NAME BOTERO, JORGE E	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME BOTERO JORGE E
STREET ADDRESS 700 N.W. 214TH STREET BLDG 2 APT. 619	CITY-ST-ZIP MIAMI, FL 331692089	STREET ADDRESS 6869 NW 179 STREET APTO 207	CITY-ST-ZIP HIALEAH FL, 33015
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	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:  PRESIDENT		04-28-05 305-3084318.	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	