

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90031 045 ***150.00

DOCUMENT # P04000113500

1. Entity Name
SIGNUM GROUP INC.



Principal Place of Business

**7700 SW 18 TERR
MIAMI, FL 33155**

Mailing Address

**7700 SW 18 TERR
MIAMI, FL 33155**

50007380



03202006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-1449008

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RESTREPO, ARIEL E
7700 SW 18 TERR
MIAMI, FL 33155**

Name

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

City

FL

Zip Code

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

3/19/06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPVS
RESTREPO, AREIEL E
7700 SW 18 TERR
MIAMI, FL 33155** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPVS
RESTREPO, ARIEL E.
7700 SW 18 TERR
MIAMI, FL 33155** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
RESTREPO, AREIEL E
7700 SW 18 TERR
MIAMI, FL 33155** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
RESTREPO, ARIEL E.
7700 SW 18 TERR
MIAMI, FL 33155** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
--- ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
--- ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
--- ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
--- ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/06
Date

305/979-2913
Daytime Phone #