## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

E P05000139397 **DOCUMENT # P05000139397** 06 HAY -5 PM 2: 59 1. Entity Name SIGRO INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address C/O RICHARDS & ASSOCIATES, P.A. C/O RICHARDS & ASSOCIATES, P.A. 2665 S BAYSHORE DRIVE STE 703 2665 S BAYSHORE DRIVE STE 703 MIAMI, FL 33133 MIAMI, FL 33133 2. Principal Place of Business 1200 3. Mailing Address 8818 5W Suite, Apt. #, etc Suite, Apt. #, etc 04172006 CR2E034 (11/05) Chq-P F136 F136 & State . Applied For City & State FEINUMBER 114543 Miami Not Applicab Countr \$8.75 Additional 5. Certificate of Status Desired 33173 Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent dibEL MUP WORLD CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2665 S BAYSHORE DRIVE STE 703 MIAMI, FL 33133 88/୫ 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. the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) of registered agent and late if applicable. \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. PHILIP SIGEL ☐ Change ☐ Additic TITLE TITLE 5W 712NO ST. #F136 NAME NAMÉ STREET ADDRESS STREET ADDRESS 33173 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Additic TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Change Additic Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Additio ☐ Celete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP Additic ☐ Change Delete TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP ☐ Change Additic Delete TITLE TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 to rand 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 in changed, or on an attachment with all address with all other like empowered.

04-20-2006 90186 002 \*\*\*150.00