

## **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000047441

Entity Name: SIGLER ADVERTAING INC.

**FILED**  
**May 07, 2008**  
**Secretary of State**

### **Current Principal Place of Business:**

14748 SW 56 ST  
SUITE 133  
MIAMI, FL 33185

### **New Principal Place of Business:**

150 SW 48 CT  
MIAMI, FL 33134

### **Current Mailing Address:**

14748 SW 56 ST  
SUITE 133  
MIAMI, FL 33185

### **New Mailing Address:**

150 SW 48 CT  
MIAMI, FL 33134

FEI Number: 83-0455391

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

### **Name and Address of Current Registered Agent:**

CLEMENTE, MARINA M  
14748 SW 56 ST  
SUITE 133  
MIAMI, FL 33185 US

### **Name and Address of New Registered Agent:**

MEDINA, HAIR J  
150 SW 48 CT  
MIAMI, FL 33134 US

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.

SIGNATURE: HAIR J. MEDINA

05/07/2008

Electronic Signature of Registered Agent

Date

### **OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CLEMENTE, MARINA M  
Address: 14748 SW 56 ST SUITE 133  
City-St-Zip: MIAMI, FL 33185

### **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MEDINA, HAIR J  
Address: 150 SW 48 CT  
City-St-Zip: MIAMI, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAIR J. MEDINA

P

05/07/2008

Electronic Signature of Signing Officer or Director

Date