FILED
May 24, 2004 8:00 am
Secretary of State
05-24-2004 90001 001 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000087164

1. Entity Name
SIGIBIAL INTERNATIONAL SUPPLIES, INC.

54055267

Principal Place of Business	Mailing Address
7311 NW 79 TERR MIAMI, FL 33166	1890 SW 57 AVE #109 MIAMI, FL 33155

03142003 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	601 SW 57 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE E
City & State	City & State MIAMI FLORIDA
Zip / Country	Zip 33144 Country USA

4. FEI Number 65-0536908 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CASERTA, SILVIA
7311 NW 79 TERR
MIAMI, FL 33166

7. Name and Address of New Registered Agent
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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P AMUNDARAY, MARIA LIZ AVE. ANDRES BELLO ENTRE #3RA Y 4TA TRANSVERSA, ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition P AMUNDARAY, MARIA LIZ 1RA AV 5TA EDUVIGES EDIF PRIMAVERA P6 #52 CARACAS VENEZUELA 1662
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T CASERTA, SILVIA 7311 NW 79 TERR MIAMI, FL 33166 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 7585 SW 152 AVE #204 MIAMI FL 33193
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 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: Maria E. Amundaray 5-12-04 (305) 266-2428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #