

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000079604

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** SIGMA CONSULTING ENGINEERS, INC.

**Current Principal Place of Business:**

4022 SOUTH CYPRESS DRIVE  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

4022 SOUTH CYPRESS DRIVE  
POMPANO BEACH, FL 33069

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

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

BELADI, SEYAD E DR.  
4022 SOUTH CYPRESS DRIVE  
POMPANO BACH, FL 33069 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BELADI, SEYAD  
Address: 4022 SOUTH CYPRESS DRIVE  
City-St-Zip: POMPANO BEACH, FL 33069

Title: D  
Name: BELADI, SAUSAUN  
Address: 4022 S CYPRESS DR  
City-St-Zip: POMPANO BEACH, FL 33069

I hereby 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 all other like empowered.

SIGNATURE: DR. S. E. BELADI

DIRE

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date