2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000023902

1. Entity Name
SIGNATURE MANAGEMENT INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
10735 AVE. SANTA ANA BOCA RATON, FL 33498	10735 AVE. SANTA ANA BOCA RATON, FL 33498

DO NOT WRITE IN THIS SPACE

04182005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
65-0905048		Not Applicable

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

6. Name and Address of Current Registered Agent

MORALES, CARLOS E ESQ.
2800 BISCAYNE BLVD., STE. 500
MIAMI, FL 33137

DO NOT WRITE
IN THIS SPACE

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U80000321997
04/21/05-80103-002 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PTD
NAME	MIKOLAJCZAK, MARIA
STREET ADDRESS	10735 AVE. SANTA ANA
CITY-ST-ZIP	BOCA RATON, FL 33498

TITLE	
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CITY-ST-ZIP	

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 _____   04-18-05   561-487-1440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #