

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740208

Entity Name: SIG-AL, INC.**Current Principal Place of Business:**15600 N.W. 42ND AVENUE
MIAMI, FL 33054**Current Mailing Address:**15600 N.W. 42ND AVENUE
MIAMI, FL 33054**FEI Number:** 59-2614284**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BENJAMIN, CHRISTOPHER ESQ.
19 W FLAGLER ST.
STE. 705
MIAMI, FL 33130 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

Officer/Director Detail :

Title MR
Name WILLIAMS, JOHN PRES/DI
Address 1764 NW192 STREET
City-State-Zip: MIAMI FL 33056

Title MR
Name ALLEN, STANLEY LTRS/DIR
Address 1420 SW 104 AVE
City-State-Zip: PEMBROKE PINES FL 33025

Title MR
Name COAKLEY, AUDLEY DIR
Address 16789 NW 13TH CRT
City-State-Zip: PEMBROKE PINES FL 33028

Title MR
Name SMITH, BALJEAN SEC/DIR
Address 4010 NW 188TH STREET
City-State-Zip: MIAMI FL 33055

Title MR
Name HARDEN, PETER DIR
Address 1955 NE 171 ST
City-State-Zip: OPA LOCKA FL 33056

Title MR
Name HYLOR, KEITH VP/DIR
Address 9401 SW EIGHTH STREET
City-State-Zip: PEMBROKE PINES FL 33025

Title VP, - MGR
Name RICHARD, FISHER T
Address 1550 NW 143 ST
City-State-Zip: MIAMI FL 33167

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STANLEY ALLEN**TREASURER****02/27/2015**

Electronic Signature of Signing Officer/Director Detail

Date