

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000039453

Entity Name: GIGINOMICS INC**Current Principal Place of Business:**5103 NW 35TH ST, #D404
LAUDERDALE LAKES, FL 33319**Current Mailing Address:**5103 NW 35TH ST, #D404
LAUDERDALE LAKES, FL 33319 US**FEI Number:** 80-0591163**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STARMER, GRACE M
5103 NW 35TH ST
D405
LAUDERDALE LAKES, FL 33319 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:** GRACE M STARMER

04/05/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PVST
Name	EMPERT, IRENE
Address	1811 NW 1ST TERRACE
City-State-Zip:	POMPANO BEACH FL 33060

Title	D
Name	EMPERT, IRENE
Address	1811 NW 1ST TERRACE
City-State-Zip:	POMPANO BEACH FL 33060

Title	D
Name	STARMER, GRACE
Address	5103 NW 35TH ST., #D405
City-State-Zip:	LAUDERDALE LAKES FL 33319

Title	D
Name	FENHAGEN III, F. DONALD
Address	5103 NW 35TH STREET #404
City-State-Zip:	LAUDERDALE LAKES FL 33319

Title	DIRECTOR
Name	NASER, MOUSSA
Address	13310 MUSTANG TRAIL
City-State-Zip:	SOUTHWEST RANCHES FL 33330

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: IRENE E EMPERT**PRESIDENT**

04/05/2017

Electronic Signature of Signing Officer/Director Detail

Date