2004 FOR PROFIT CORPORATION

May 04, 2004 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P02000115148 05-04-2004 90164 017 ***150.00 DIGITECH SOLUTIONS, INC. Principal Place of Business Mailing Address 7244 NW 31ST ST 7244 NW 31ST ST MIAMI, FL 33122 MIAMI, FL 33122 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04232004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 01-0751475 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAZA, PAULO C Street Address (P.O. Box Number is Not Acceptable) 9531 FOUNTAINE BLEAU BLVD APT 414 MIAMI, FL 33172 City 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, typed or printed Rine to registered agent and little if applicable. (NOTE: Registered Agent signature regurred when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. DΡ ☐ Change THUE ☐ Delete TITLE ☐ Addition DAZA, PAULO C NAME MANAF. STREET ADDRESS 7244 NW 31ST ST STREET ADDRESS CHY-S1-7IP MIAMI, FL 33122 CHY-ST-ZIP VP 🚆 📆 . ☐ Delete TITLE ☐ Change ■ Addition TITLE MENESES, YENNY S EJAMAE STREET ADDRESS 7244 NW 31ST ST STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP MIAMI, FL 33122 Change Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP OHY-SI-ZIP Change Addition ☐ Delete TITLE JULE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

12. Thereby 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.

CITY - ST - ZIP

STREET ADDRESS

TOTAL NAME

City-St-ZiP

STREET ADDRESS CITY-ST-ZiP

HILE

NAME

Delete

☐ Change

Addition

FILED