


## 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P04000171201</b> 1. Entity Name <b>DITO GLOBAL GROUP, INC.</b>		
Principal Place of Business <b>2455 E. SUNRISE BOULEVARD SUITE 908 FORT LAUDERDALE, FL 33304 US</b>		Mailing Address <b>19462 NW 23RD PLACE PEMBROKE PINES, FL 33029 US</b>
2. Principal Place of Business <b>19462 NW 23 PLACE</b>	3. Mailing Address <b>P.O. BOX 31652</b>	
Suite, Apt. #, etc. <b>PEMBROKE PINES FL</b>	Suite, Apt. #, etc. 	
City & State 		City & State <b>PALM BEACH GARDENS, FL</b>
Zip <b>33029</b>	Country <b>USA</b>	Zip <b>33420</b>
Country <b>USA</b>		Country <b>USA</b>
4. FEI Number <b>20-2055006</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____		
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>DIAZ, ROBERT E</b> <b>2455 E. SUNRISE BLVD, STE 908</b> <b>FT. LAUDERDALE, FL 33304</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>SABATUE, MANISORN M</b> <b>2455 E. SUNRISE BLVD, STE 908</b> <b>FT. LAUDERDALE, FL 33304</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BLACKBURN, BERNARD W</b> <b>2455 E. SUNRISE BLVD, STE 908</b> <b>FT. LAUDERDALE, FL 33304</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D (Empty)	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D (Empty)	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D (Empty)	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Bernard Blackburn</u> <b>BERNARD BLACKBURN</b>		Date: <b>8/23/05</b> Daytime Phone #: <b>954.732.8120</b>

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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