

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F06000007696

Entity Name: DIGIPAR, S.A. CORPORATION

FILED  
Oct 23, 2007  
Secretary of State

## Current Principal Place of Business:

C/O GARRY JONAS  
2701 BOCA RATON BLVD STE 214  
BOCA RATON, FL 33431

## New Principal Place of Business:

C/O GARRY JONAS  
2701 BOCA RATON BLVD STE 111  
BOCA RATON, FL 33431

## Current Mailing Address:

C/O GARRY JONAS  
2701 BOCA RATON BLVD STE 214  
BOCA RATON, FL 33431

## New Mailing Address:

C/O GARRY JONAS  
2701 BOCA RATON BLVD STE 111  
BOCA RATON, FL 33431

FEI Number: 98-0538723

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CLOUGH, JOHN C ESQ  
150 E PALMETTO PARK STE 650  
BOCA RATON, FL 33432 US

## Name and Address of New Registered Agent:

BDB AGENT CO  
5355 TOWN CENTER ROAD  
SUITE 900  
BOCA RATON, FL 33486 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: SOLOMON ZOBERMAN, ASST. SECRETARY

10/23/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MONTES, JUAN  
Address: AVENIDA SAMUEL LEWIS EDIFICIO ADR-PISO 13  
City-St-Zip: OBARRIO CIUDAD DE PANAMA,

Title: VS ( ) Delete  
Name: SERRANO, RUBEN O  
Address: AVENIDA SAMUEL LEWIS EDIFICIO ADR-PISO 13  
City-St-Zip: OBARRIO CIUDAD DE PANAMA,

Title: S ( ) Delete  
Name: GOMEZ, LUIS  
Address: AVENIDA SAMUEL LEWIS EDIFICIO ADR-PISO 13  
City-St-Zip: OBARRIO CIUDAD DE PANAMA,

Title: T ( ) Delete  
Name: QUINTANAR, LUZ  
Address: AVENIDA SAMUEL LEWIS EDIFICIO ADR-PISO 13  
City-St-Zip: OBARRIO CIUDAD DE PANAMA,

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JUAN MONTES

PRES

10/23/2007

Electronic Signature of Signing Officer or Director

Date