

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F06000007696

1. Entity Name
DIGIPAR, S.A. CORPORATION



FILED

08 JUN 30 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O GARRY JONAS
2701 BOCA RATON BLVD STE 111
BOCA RATON, FL 33431

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06102008

Chg-P

CR2E034 (12/06)

4. FEI Number
98-0538723

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BDB AGENT CO
5355 TOWN CENTER ROAD
SUITE 900
BOCA RATON, FL 33486

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME MONTES, JUAN
STREET ADDRESS AVENIDA SAMUEL LEWIS EDIFICIO ADR-PISO 13
CITY-ST-ZIP OBARRIO CIUDAD DE PANAMA,

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
400133004274
07/16/08--01016--003 **\$61.25

TITLE VS ☐ Delete
NAME SERRANO, RUBEN O
STREET ADDRESS AVENIDA SAMUEL LEWIS EDIFICIO ADR-PISO 13
CITY-ST-ZIP OBARRIO CIUDAD DE PANAMA,

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME GOMEZ, LUIS
STREET ADDRESS AVENIDA SAMUEL LEWIS EDIFICIO ADR-PISO 13
CITY-ST-ZIP OBARRIO CIUDAD DE PANAMA,

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME QUINTANAR, LUZ
STREET ADDRESS AVENIDA SAMUEL LEWIS EDIFICIO ADR-PISO 13
CITY-ST-ZIP OBARRIO CIUDAD DE PANAMA,

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SEC ☒ Delete
NAME ZOBERMAN, SOL B
STREET ADDRESS 5355 TOWN CENTER RD. SUITE 900
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
207/1

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARRY JONAS

6/26/08
Date

Daytime Phone #