## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # J47629 03-29-2004 90046 017 \*\*\*150.00 DIGISONIC, INC. Principal Place of Business Mailing Address 7660 HARBOUR BLVD 7660 HARBOUR BLVD MIRAMAR, FL 33023 MIRAMAR, FL 33023 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-2803312 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STRACUZZI, CHARLES J Street Address (P.O. Box Number is Not Acceptable) 7660 HARBOUR BLVD MIRAMAR, FL 33023 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STRACUZZI, CHARLES NAME STREET ADDRESS 7660 HARBOR BLVD. STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition MARTENS, CECELIA NAME NAME STREET ADDRESS 7660 HARBOUR BLVD. STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL CITY-ST-ZIP TITLE ☐ Delete TITI E Change ☐ Addition STRACUZZI, ALICE NAME 7660 HARBOR BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL CITY-ST-ZIP TITLE ☐ Detete TΠLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

Mar 29, 2004 8:00 am

983-9