


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90078 044 ***150.00

DOCUMENT # J47629 1. Entity Name DIGISONIC, INC.			
Principal Place of Business 7660 HARBOUR BLVD MIRAMAR, FL 33023 US		Mailing Address 7660 HARBOUR BLVD MIRAMAR, FL 33023 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 8860 SW 50 Place Suite, Apt. #, etc.	
City & State		City & State Cooper City, FL	
Zip 33328	Country USA	4. FEI Number 59-2803312	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent STRACUZZI, CHARLES J 7660 HARBOUR BLVD MIRAMAR, FL 33023		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STRACUZZI, CHARLES 7660 HARBOR BLVD. MIRAMAR, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Stracuzzi, Charles 8860 S.W. 50 Place Cooper City, FL 33328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MARTENS, CECELIA 7660 HARBOUR BLVD. MIRAMAR, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Stracuzzi, Virginia 8860 S.W. 50 Place Cooper City, FL 33328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S STRACUZZI, ALICE 7660 HARBOR BLVD. MIRAMAR, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Stracuzzi, Virginia 8860 S.W. 50 Place Cooper City, FL 33328
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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>Charles J. Stracuzzi, President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3/8/05</u> Daytime Phone # <u>954-983-9710</u>	