

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009614

FILED
Apr 24, 2009
Secretary of State

Entity Name: DGN, INC.

Current Principal Place of Business:

5200 NE 2ND AVE.
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

5200 NE 2ND AVE.
MIAMI, FL 33137

New Mailing Address:

FEI Number: 11-3672256

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DIVITO, JOSEPH A
4514 CENTRAL AVE.
ST. PETERSBURG, FL 33711 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FARKAS, DAVID
Address: 6567 SW 20TH CT.
City-St-Zip: PLANTATION, FL 33317

Title: T () Delete
Name: SCHEINBLUM, MICHAEL
Address: 20505 E. COUNTRY CLUB DR., #1136
City-St-Zip: ADVENTURE, FL 33180

Title: S () Delete
Name: BERGER, LITHA S
Address: 658 SPINNAKER
City-St-Zip: WESTON, FL 33326

Title: VP () Delete
Name: GUGEL, RITA
Address: 1617 SE 12TH ST.
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: VP () Delete
Name: ROBBINS, LEONARD
Address: 4023 BUCHANAN ST.
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP () Delete
Name: FIELDSTONE, RONNIE
Address: 201 ALHAMBRA CIR
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: SCHEINBLUM, MICHAEL
Address: P.O BOX 651
City-St-Zip: GUILFORD, CT 06437

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAYDEE PABON

AM

04/24/2009

Electronic Signature of Signing Officer or Director

Date