

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006038

FILED
Apr 30, 2009
Secretary of State

Entity Name: DINGGIN, INC.

Current Principal Place of Business:

2498 CENTERGATE DRIVE
#201
MIRAMAR, FL 33025

New Principal Place of Business:

Current Mailing Address:

2498 CENTERGATE DRIVE
#201
MIRAMAR, FL 33026

New Mailing Address:

7521 BUCCANEER AVENUE
NORTH BAY VILLAGE, FL 33141 US

FEI Number: 65-0824289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARRASCO, JOY
2498 CENTERGATE DRIVE
#201
MIRAMAR, FL 33141 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: MD () Delete
Name: DIOQUINO, HAROLD
Address: 3650 NORTH 36TH AVENUE VILLA 38
City-St-Zip: HOLLYWOOD, FL 33021

Title: TD () Delete
Name: PUTLEK, MARISSA
Address: 7521 BUCCANEER AVE.
City-St-Zip: N. BAY VILLAGE, FL 33141

Title: P () Delete
Name: CASTILLO, JENKLARE
Address: 6775 NW 69TH CT.
City-St-Zip: TAMARAC, FL 33321

Title: VP () Delete
Name: CASTILLO, JOSELITO
Address: 6775 NW 69TH CT.
City-St-Zip: TAMARAC, FL 33321

Title: VP () Delete
Name: ECO, JINKEE
Address: 14064 N CYPRESS COVE CIRCLE
City-St-Zip: DAVIE, FL 33325

Title: SD () Delete
Name: CARRASCO, JOY
Address: 2498 CENTERGATE DRIVE #201
City-St-Zip: MIRAMAR, FL 33025

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:

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: MARISSA G. PUTLEK

TD

04/30/2009

Electronic Signature of Signing Officer or Director

Date