

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000111817 1. Entity Name DIGITAL CHOICES, INC.	
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Principal Place of Business 207 CRYSTAL GROVE BLVD. LUTZ, FL 33549	Mailing Address 207 CRYSTAL GROVE BLVD. LUTZ, FL 33549
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01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3693844	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SAXE, DANIEL L ESQ. 205 CRYSTAL GROVE BLVD. LUTZ, FL 33549	DO NOT WRITE IN THIS SPACE
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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.

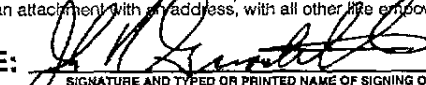
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000045835 02/11/04-80079-008 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUASTELLA, JOHN R SR. 207 CRYSTAL GROVE BLVD LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GUASTELLA, ROSEMARY 207 CRYSTAL GROVE BLVD LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GUASTELLA, JOHN R JR. 207 CRYSTAL GROVE BLVD LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 life empowered.

SIGNATURE: 	JOHN GUASTELLA PRESIDENT	2-6-04 813 261-1235 Date Daytime Phone #
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