2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000035306

Entity Name: DIGIMAXISP, INC

City-St-Zip:

PLANTATION, FL 33324

FILED May 02, 2005 Secretary of State

•	,			
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	ARY BLVD APT 2013 ION, FL 33324			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
	ARY BLVD APT 2013 ION, FL 33324			
FEI Number	: FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		t: Name and Address o	Name and Address of New Registered Agent:	
	NNIS J PALMETTO PARK ROAD TON, FL 33432 US			
	named entity submits this statement for e of Florida.	the purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registered	l Agent	Date	
	ce with s. 607.193(2)(b), F.S., the corporation on a spaign Financing Trust Fund Contribution().	lid not receive the prior notice.		
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGE	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete FELLER, ALAN S 287 NORTHERN BLVD SUITE 200 GREAT NECK, NY 11021	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete SUSSMAN, MICHAEL 1730 S FEDERAL HWY SUITE 151 DELRAY BEACH, FL 33483	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () Delete BENJAMIN, CHRISTOPHER J A 8200 CL FARY BLVD APT 2013	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: CHRISTOPHER BENJAMIN DIR 05/02/2005