

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000064534

1. Entity Name
DIGIGRAPHICS, INC.



Principal Place of Business
**3804 N 29TH AVE
HOLLYWOOD, FL 33020**

Mailing Address
**3804 N 29TH AVE
HOLLYWOOD, FL 33020**



04162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1121944	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**NIECKELE, BEATRIZ O
1041 NW 107 AVE
PLANTATION, FL 33322**

**DO NOT WRITE
IN THIS SPACE**

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]
Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-17-07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEIBOVITZ, STEVEN
STREET ADDRESS	3804 N 29TH AVE
CITY-ST-ZIP	HOLLYWOOD, FL 33020

TITLE	D
NAME	NIECKELE, BEATRIZ O
STREET ADDRESS	1041 NW 107 AVE.
CITY-ST-ZIP	PLANTATION, FL 33322

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven Leibovitz, Pres. 4/17/07 954/926/6324
Date Daytime Phone