2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2006 8:00 am
Secretary of State
06-19-2006 90004 001 ***150.00

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1. Entity Name
INGEDIGIT INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
4225 PONCE DE LEON BLVD CORAL GABLES MIAMI, FL 33146-1826	4225 PONCE DE LEON BLVD CORAL GABLES MIAMI, FL 33146-1826

04242006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
250 Bird Road	250 Bird Road
Suite, Apt. #, etc.: Ste 202	Suite, Apt. #, etc.: Ste 202
City & State: Coral Gables, FL	City & State: Coral Gables, FL
Zip: 33146 Country:	Zip: 33146 Country:

4. FEI Number: 65-1126183 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RICE, DOUGLAS N
4225 PONCE DE LEON BLVD
CORAL GABLES
MIAMI, FL 33146-1826

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
~~250 Bird Road, Ste 202~~

Coral Gables, FL 233146
City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	D GUTIERREZ, SERAFIN 4225 PONCE DE LEON BLVD, CORAL GABLES MIAMI, FL 331461826	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition 250 Bird Road, Ste 202 Coral Gables, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRIENTOS, CARLOS 4225 PONCE DE LEON BLVD, CORAL GABLES MIAMI, FL 331461826	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 250 Bird Road, Ste 202 Coral GaBLES, FL 33146
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TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: X ________________ 4/28/06 305-461-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #