2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000071977

1. Entity Name

INGEDIGIT INTERNATIONAL, INC.



Principal Place of Business

250 BIRD ROAD

STE 202

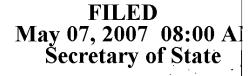
CORAL GABLES, FL 33146

Mailing Address

250 BIRD ROAD

STE 202

CORAL GABLES, FL 33146





	DO	NOT	WRITE	IN THIS	SPACE
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04232007 No Chg-P CR2E034 (11/05)

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 250 BIRD ROAD STE 202 CORAL GABLES, FL 33146

DO NOT WRITE IN THIS SPACE

				I.	•	
	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	office or r	egistered agent, or bo	th, in the State of Florida. I am familiar wil	h, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and little i	f applicable. (NOTE: Registered /	Agent signaturi	e required when reinstating)	DATE	
	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTIERREZ, SERAFIN 250 BIRD ROAD, STE 202 CORAL GABLES, FL 33146				000000761819 05/25/07-80071-007	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRIENTOS, CARLOS 250 BIRD ROAD STE 202 MIAMI, FL 33146					•
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	,*
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,					j
TITLE NAME				,		

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 supplied equal to the corporation of the receiver or fuse empowered to execute this report as required by Chapter 60%. 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:

CITY-ST-ZIP

TURE AND TYPES OR PRINTED MAME OF SIGNING OFFICER OR DIREC

x/74/17 365-161-44