FILED Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90194 043 ***150.00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT #

P02000021623

1. Entity Name

DG CAPITAL, INC. Principal Place of Business Mailing Address 651 OKEECHOBEE BLVD., SUITE P210 651 OKEECHOBEE BLVD., SUITE P210

Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country S. Certificate of Status Desired S8.75 Additional Fee Bedging Fee B	2. Principal	BEACH FL 33401	WEST PALM BEACH FL	33401	1 (40) (40) (11) \$ 0.00 (40) (10) (40) (40)		160.150
Suite, Apt. #, etc. City & State	2. Principal						
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Zip Country Zip Country S. Certificate of Status Desired S8.75 Additional Fee Required S8.75	Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
Solution	City & State		City & State				
RUTHERFORD, MULHALL & WARGO, P.A. 2600 N MILITARY TRAIL FOURTH FLOOR BOCA RATON FL 33431 City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. Signature, hyper or printed namely registered agent and title if applicable. RICHE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TILE NAME STREET ADDRESS CITY-ST-2P TITLE D OKEECHOBEE BLYD., SUITE P210 WEST PALM BEACH FE, 33401 TITLE D Delete NAME STREET ADDRESS	Zip	Country	Zip	Country		\$8.75 Addition	
RUTHERFORD, MULHALL & WARGO, P.A. 2600 N MILITARY TRAIL FOURTH FLOOR BOCA RATON FL 33431 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 primed named registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) PATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$555.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE OFFICERS AND DIRECTORS IN 11 TITLE OSOSTFRAUD, DAVID STREET ADDRESS OTHER TADDRESS STREET ADDRESS		6. Name and Address of	of Current Registered Agent				
2600 N MILITARY TRAIL FOURTH FLOOR BOCA RATON FL 33431 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 nametr registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) After May 1, 2003 Fee will be \$55,00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE QOSTFRAUD, DAYID Delete TITLE MAME Change Addition MAME STREET ADDRESS MAME				Name	•		
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BOCA RATON FL 33431 City EL 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							
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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 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 an order of the corporation of the receiver or trustee. changed, or on an attachment with an address

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #