FILED

03 MAY 28 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000027653

1. Entity Name
DIGIMAX COMPUTERS CORP.

Principal Place of Business	Mailing Address
~~2806 NW 72 AVE~~ ~~MIAMI, FL 33122~~	~~2806 NW 72 AVE~~ ~~MIAMI, FL 33122~~

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
919 NW 1ST. AVE	915 NW 1ST. AVE
Suite, Apt. #, etc. ~~H~~ 1503	Suite, Apt. #, etc. ~~H~~ 1503
City & State MIAMI, FL	City & State MIAMI FL
Zip 33136 Country USA	Zip 33136 Country USA

4. FEI Number 33-0998227 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEITE, JOSE M ~~2806 NW 72 AVE~~ ~~MIAMI, FL 33122~~	Name Street Address (P.O. Box Number is Not Acceptable) 915 NW 1ST AVENUE STE H 1503 City MIAMI FL Zip Code 33136

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 JOSE M. LEITE 05/22/03
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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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 LEITE, ALEXANDRE ~~2806 NW 72 AVE~~ ~~MIAMI, FL 33122~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 915 NW 1ST. AVE STE H1503 MIAMI FL 33136
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEITE, JOSE M ~~2806 NW 72 AVE~~ ~~MIAMI, FL 33122~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 915 NW 1ST AVE STE H1503 MIAMI FL 33136
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 800020042348 05/28/03--01049--003 **500.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800020042348 05/28/03--01049--004 **50.00
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CR2E034 (10/02)

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 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: JOSE M. LEITE 05/22/03 305 416-0302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JL 5/20