



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90117 045 ***150.00

DOCUMENT # P02000043623											
1. Entity Name DIGI-NET, CORP.											
Principal Place of Business 303 BRIDGETON ROAD WESTON, FL 33326			Mailing Address 303 BRIDGETON ROAD WESTON, FL 33326								
2. Principal Place of Business - No P.O. Box # 169 E FLAGLER ST.		3. Mailing Address 169 E FLAGLER ST.									
Suite, Apt. #, etc. STE 1534		Suite, Apt. #, etc. STE 1534		01222007 Chg-P CR2E034 (12/06)							
City & State MIAMI FL.		City & State MIAMI FL.		4. FEI Number 45-0475325							
Zip 33131		Country DA DE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent WEST, DENNIS M C/O DIGI-NET, CORP. 303 BRIDGETON ROAD WESTON, FL 33326			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;"> Name FAULHABER PETER OTTO </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> Street Address (P.O. Box Number is Not Acceptable) 169 E FLAGLER ST STE 1534 </td> </tr> <tr> <td style="padding: 5px;"> City MIAMI </td> <td style="padding: 5px;"> FL Zip Code 33131 </td> </tr> </table>			Name FAULHABER PETER OTTO		Street Address (P.O. Box Number is Not Acceptable) 169 E FLAGLER ST STE 1534		City MIAMI	FL Zip Code 33131
Name FAULHABER PETER OTTO											
Street Address (P.O. Box Number is Not Acceptable) 169 E FLAGLER ST STE 1534											
City MIAMI	FL Zip Code 33131										
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 _____ <i>[Signature]</i>				DATE 1/23/07							
(NOTE: Registered Agent signature required when reinstating)											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees								
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11								
TITLE DP	NAME MUNIZ, HOMERO P		<input type="checkbox"/> Delete								
STREET ADDRESS PACHECO DE MELO 2473											
CITY-ST-ZIP BS AS ARGENTIA,											
TITLE DV	NAME FAULHABER, CHRISTIAN		<input type="checkbox"/> Delete								
STREET ADDRESS PUEYREDON 1932 PISO 1											
CITY-ST-ZIP BS AS ARGENTIA,											
TITLE DST	NAME FAULHABER, PETER OTTO		<input type="checkbox"/> Delete								
STREET ADDRESS MALAVER 726 VICENTE LOPEZ											
CITY-ST-ZIP BS AS ARGENTIA,											
TITLE [Blank]	NAME [Blank]		<input type="checkbox"/> Delete								
STREET ADDRESS [Blank]											
CITY-ST-ZIP [Blank]											
TITLE [Blank]	NAME [Blank]		<input type="checkbox"/> Delete								
STREET ADDRESS [Blank]											
CITY-ST-ZIP [Blank]											
TITLE [Blank]	NAME [Blank]		<input type="checkbox"/> Delete								
STREET ADDRESS [Blank]											
CITY-ST-ZIP [Blank]											
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: _____ <i>[Signature]</i>				DATE 1/23/07							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR											