

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000056726

Entity Name: DIGIMALL, INC

FILED
Feb 02, 2005
Secretary of State

Current Principal Place of Business:

4804 W. COMMERCIAL BLVD.
TAMARAC, FL 33319

New Principal Place of Business:

Current Mailing Address:

4804 W. COMMERCIAL BLVD.
TAMARAC, FL 33319

New Mailing Address:

FEI Number: 20-0095806

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INTERNATIONAL LEGAL CONSULTANTS, INC
5971 WOODLAND POINT DR.
TAMARAC, FL 33319 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: ANTUNES, PAULO
Address: 4804 W. COMMERCIAL BLVD.
City-St-Zip: TAMARAC, FL 33319

Title: PRES () Delete
Name: ANTUNES, PAULO
Address: 4804 W. COMMERCIAL BLVD.
City-St-Zip: TAMARAC, FL 33319

Title: SECR () Delete
Name: ANTUNES, PAULO
Address: 4804 W. COMMERCIAL BLVD.
City-St-Zip: TAMARAC, FL 33319

Title: SECR () Delete
Name: ALCOCK, ROBERT
Address: 4804 W. COMMERCIAL BLVD.
City-St-Zip: TAMARAC, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTUNES PAULO

DIR

02/02/2005

Electronic Signature of Signing Officer or Director

Date