


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90267 047 ***158.75

DOCUMENT # P03000083137		
1. Entity Name DIGITAL PROJECTS, INC.		

Principal Place of Business 9067 SW 141 PLACE MIAMI, FL 33186	Mailing Address 9067 SW 141 PLACE MIAMI, FL 33186
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2. Principal Place of Business 10633 HAMMOCKS BLD Suite, Apt. #, etc. APT. 1013 City & State MIAMI FLORIDA Zip 33196	3. Mailing Address 10633 HAMMOCKS BLD Suite, Apt. #, etc. #1013 City & State MIAMI FLORIDA Zip 33196
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01152004 Chg-P CR2E034 (10/03)

4. FEI Number 81-0626996	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PEREZ, MICHAEL 10126 W FLAGLER ST MIAMI, FL 33174	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KREMER, BEIMAN 9067 SW 141 PLACE MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KREMER, ZAIRA N 9067 SW 141 PLACE MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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:  _____

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #