

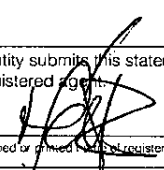
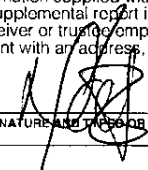


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2004 8:00 am
Secretary of State

06-07-2004 90005 004 ***150.00

DOCUMENT # P03000112040					
1. Entity Name DIGITAL ART, INC					
Principal Place of Business 11458 REXMERE BLVD DAVIE, FL 33325 US			Mailing Address 11458 REXMERE BLVD DAVIE, FL 33325 US		
2. Principal Place of Business 6330 BUENA VISTA DR Suite, Apt. #, etc.		3. Mailing Address 6330 BUENA VISTA DR Suite, Apt. #, etc.			
City & State MARGATE, FL		City & State MARGATE, FL		4. FEI Number 20-0292297	
Zip 33063		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JIMENEZ, MARCELA 11458 REXMERE BLVD DAVIE, FL 33325				7. Name and Address of New Registered Agent Name: JIMENEZ MARCELA Street Address (P.O. Box Number is Not Acceptable): 6330 BUENA VISTA DR City: MARGATE FL Zip Code: 33063	
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:  DATE: 5/20/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME JIMENEZ, MARCELA STREET ADDRESS 11458 REXMERE BLVD CITY-ST-ZIP DAVIE, FL 33325	<input type="checkbox"/> Delete		TITLE JIMENEZ, MARCELA NAME JIMENEZ, MARCELA STREET ADDRESS 6330 BUENA VISTA DR CITY-ST-ZIP MARGATE, FL 33063	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME SABAG, SHAY STREET ADDRESS 6330 BUENA VISTA DRIVE CITY-ST-ZIP MARGATE, FL 33063	<input type="checkbox"/> Delete		TITLE SABAG SHAY NAME SABAG SHAY STREET ADDRESS 6330 BUENA VISTA DRIVE CITY-ST-ZIP MARGATE, FL 33063	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<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 	<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 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date: 5/20/04 Daytime Phone #		

Attachment

14023403

DIGITAL ART, INC.
6330 BUENA VISTA DRIVE
MARGATE, FL 33063

May 20, 2004

Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re:
DOC#P03000112040

Dear Sir or Madam:

I ask that the penalty for the failure to file an annual report be waived. The taxpayer never received the renewal form due a change in the address. The penalty will create a hardship for my business and I ask that you please waive it.

Enclosed are my 2004 UBR forms with my fee of \$150.00

Thank you very much for you help and understanding.

Sincerely,

Marcela Jimenez

