


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P03000158406</b>						<b>FILED</b> <b>04 OCT -4 AM 10:32</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
<b>1. Entity Name</b> <b>DIGMART ENTERPRISES CORP.</b>							
<b>Principal Place of Business</b> 6000 BISCAYNE BLVD #B MIAMI, FL 33137-2225				<b>Mailing Address</b> 6000 BISCAYNE BLVD #B MIAMI, FL 33137-2225			
<b>2. Principal Place of Business</b> <b>786 NE 166 ST</b> Suite, Apt. #, etc.				<b>3. Mailing Address</b> <b>786 NE 166 ST</b> Suite, Apt. #, etc.			
<b>City &amp; State</b> <b>MIAMI, FLORIDA</b>				<b>City &amp; State</b> <b>MIAMI, FLORIDA</b>			
<b>Zip</b> <b>33162</b>		<b>Country</b> <b>DADE</b>		<b>Zip</b> <b>33162</b>		<b>Country</b> <b>DADE</b>	
<b>4. FEI Number</b> <b>58-2680125</b>				<b>Applied For</b> <input type="checkbox"/> Not Applicable			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>							
<b>6. Name and Address of Current Registered Agent</b> MARTINEZ, DIGNO L 6000 BISCAYNE BLVD #B MIAMI, FL 33137-2225				<b>7. Name and Address of New Registered Agent</b> <b>Name</b> <b>MARTINEZ DIGNO L</b> <b>Street Address (P.O. Box Number is Not Acceptable)</b> <b>786 NE 166TH STREET</b> <b>City</b> <b>MIAMI</b> <b>FL</b> <b>Zip Code</b> <b>33162</b>			
<b>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.</b> <b>SIGNATURE</b> <i>Digno Martinez-L</i> <b>DIGNO L MARTINEZ</b> <b>9/29/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 8, 2004</b>				<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
<b>TITLE</b> <b>PST</b> <input type="checkbox"/> Delete <b>NAME</b> <b>MARTINEZ, DIGNO L</b> <b>STREET ADDRESS</b> <b>6000 BISCAYNE BLVD #B</b> <b>CITY-ST-ZIP</b> <b>MIAMI, FL 33137-2225</b>				<b>TITLE</b> <b>PST</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>MARTINEZ, DIGNO L</b> <b>STREET ADDRESS</b> <b>786 NE 166TH STREET</b> <b>CITY-ST-ZIP</b> <b>MIAMI, FLORIDA 33162</b>			
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>				<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>800041573298</b> <b>CITY-ST-ZIP</b> <b>10/04/04--01052--002 **\$50.00</b>			
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>				<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>				<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>				<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>				<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			
<b>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.</b>							
<b>SIGNATURE:</b> <i>Digno Martinez-L</i> <b>DIGNO L MARTINEZ</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>9/29/04</b> <small>Date</small>			
<small>Daytime Phone #</small>							