


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000117637 1. Entity Name DIGICORP, INC.						FILED 07 APR 30 PM 12:30 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 9737 NW 41ST ST., #499 MIAMI, FL 33178				Mailing Address 9737 NW 41ST ST., #499 MIAMI, FL 33178			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				4. FEI Number 11-3725179			
City & State Zip Country				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GONZALEZ, TRACY 9737 NW 41ST ST., #499 MIAMI, FL 33178				7. Name and Address of New Registered Agent Name Santos, Eduardo Street Address (P.O. Box Number is Not Acceptable) 9737 NW 41 ST # 499 City Miami FL Zip Code 33178			
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 <u><i>Eduardo R Santos</i></u> 4/24/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25				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 NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, TRACY 9737 NW 41ST ST., #499 MIAMI, FL 33178			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Eduardo Santos 9737 NW 41 ST # 499 Miami, FL 33178		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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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: <u><i>Eduardo R Santos</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>4/24/07</u> Daytime Phone # _____			