
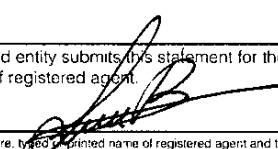
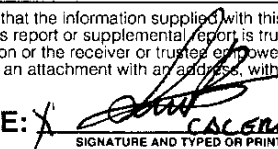


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2005 8:00 am**  
**Secretary of State**

05-10-2005 90115 020 \*\*\*150.00

|   |   |   |  |   |  |
|---|---|---|--|---|--|
| <b>DOCUMENT # P04000130656</b><br>1. Entity Name<br><b>DIGI-COM SERVICES, CORP.</b>   |   |   |  |    |  |
| Principal Place of Business<br><b>2154 NW 28TH ST., #2</b><br><b>MIAMI, FL 33142</b>  |   |   | Mailing Address<br><b>2154 NW 28TH ST., #2</b><br><b>MIAMI, FL 33142</b> |   |  |
| 2. Principal Place of Business<br><b>1463 NE 176 ST</b><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><b>1463 NE 176 ST</b><br>Suite, Apt. #, etc.  |  |   |  |
| City & State<br><b>NORTH MIAMI BEACH, FL</b>  |   | City & State<br><b>NORTH MIAMI BEACH, FL</b>  |  | 4. FEI Number<br><b>20-163 5077</b>   |  |
| Zip<br><b>33162</b>   |   | Country<br><b>USA</b>   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CACERES, LUIS R</b><br><b>2154 NW 28TH ST., #2</b><br><b>MIAMI, FL 33142</b>  |   |   |  | 7. Name and Address of New Registered Agent<br>Name<br><b>CACERES, LUIS R.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1463 NE 176 ST</b><br><b>NORTH MIAMI BEACH</b><br>City<br><b>FL</b> Zip Code<br><b>33162</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.   |   |   |  |   |  |
| SIGNATURE   |   |   |  | DATE<br><b>05/09/05</b>   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |   |  |
| 10. OFFICERS AND DIRECTORS  |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                    |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD <input type="checkbox"/> Delete<br><b>CACERES, LUIS R</b><br><b>2154 NW 28TH ST., #2</b><br><b>MIAMI, FL 33142</b> |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>CACERES, LUIS R</b><br><b>1463 NE 176 ST</b><br><b>NORTH MIAMI BEACH, FL 33162</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>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<br><b>05/09/05</b>  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br><b>CACERES, LUIS R.</b>   |   |   | DAYTIME PHONE #<br><b>305-244-7427</b>                                   |   |  |

**50051231**



03302005 Chg-P CR2E034 (10/03)