

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90018 027 ***150.00

DOCUMENT # P04000142027 1. Entity Name DIGITAL WORLD SAWGRASS, INC.					
Principal Place of Business 12801 W SUNRISE BLVD #927 SUNRISE, FL 33328			Mailing Address 12801 W SUNRISE BLVD #927 SUNRISE, FL 33328		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <i>2801 Greene Street</i> Suite, Apt. #, etc.			
City & State Zip Country		City & State <i>Hollywood, FL</i> Zip Country <i>33020 U.S.A.</i>		4. FEI Number 20-1856528 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent SWISSA, SHIMON 12801 W SUNRISE BLVD #927 SUNRISE, FL 33328			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>2801 Greene Street</i> City State Zip Code <i>Hollywood FL 33020</i>		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: <i>[Signature]</i> <i>SHIMON SWISSA, PRESIDENT</i> <i>02/18/2008</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWISSA, SHIMON 12801 W SUNRISE BLVD #927 SUNRISE, FL 33328 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <i>2801 Greene Street</i> <i>Hollywood, FL 33020</i> <input checked="" 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	
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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: <i>[Signature]</i> <i>SHIMON SWISSA</i> <i>02/18/2008</i> <i>(954) 920-0630</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					