

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000006341**

1. Entity Name  
**DIGITAL VIRGIN INC.**



Principal Place of Business  
**1062 NW 6TH AVE.  
BOYNTON BEACH, FL 33426 US**

Mailing Address  
**1062 NW 6TH AVE.  
BOYNTON BEACH, FL 33426 US**



03052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-2152765</b>	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**COLES-DOBAY, DAVID L  
1062 NW 6TH AVE  
BOYNTON BEACH, FL 33426**

**DO NOT WRITE  
IN THIS SPACE**

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

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

**DAVID COLES-DOBAY**

(NOTE: Registered Agent signature required when reinstating)

**5 MAR 07**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U00000658597  
03/15/07-80045-003 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	COLES-DOBAY, DAVID L MR
STREET ADDRESS	1062 NW 6TH AVE
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	VP
NAME	COLES-DOBAY, DEBORAH J MS
STREET ADDRESS	1062 NW 6TH AVE
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	CFO
NAME	BERKACH, DONALD MR
STREET ADDRESS	1062 NW 6TH AVE
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5 MAR 07 561 7361133**

Date

Daytime Phone #