

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # P05000060511

1. Entity Name
DIT GLOBAL, INC.



Principal Place of Business
18851 NE 29TH AVE - STE 700
AVENTURA, FL 33180

Mailing Address
18851 NE 29TH AVE - STE 700
AVENTURA, FL 33180



04042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2745753

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TRUKHACHEV, DMITRY
18851 NE 29TH AVE - STE 700
AVENTURA, FL 33180

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

(NOTE: Registered Agent signature required when reinstating)

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**

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	TRUKHACHEV, DMITRY
STREET ADDRESS	18851 NE 29TH AVE - STE 700
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	V
NAME	RADKOVETS-TRUKHACHEV, IRINA
STREET ADDRESS	18851 NE 29TH AVE - STE 700
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	S
NAME	GUSEV, YURI V
STREET ADDRESS	18851 NE 29TH AVE - STE 700
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/15/07-80042-009 150.00

**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

TRUKHACHEV DMITRY

04/26/2007

Date

(786)-312-38-42

Daytime Phone #