


2006 FOR PROFIT CORPORATION ANNUAL REPORT

5 **FILED**
Jun 09, 2006 8:00 am
Secretary of State

05-01-2006 90323 030 ***158.75

DOCUMENT # P05000138477			
1. Entity Name DIGITAL PRO-MOTIONS, CORP			
Principal Place of Business 5765 WEST 25 COURT 203 HIALEAH, FL 33016		Mailing Address 5765 WEST 25 COURT 203 HIALEAH, FL 33016	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RIVERA, CARLA E 5765 WEST 25 COURT 203 HIALEAH, FL 33016		Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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 P RIVERA, JESUS E <input type="checkbox"/> Delete STREET ADDRESS 5765 WEST 25 COURT #203 CITY-ST-ZIP HIALEAH, FL 33016		TITLE _____ NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE _____ NAME _____ <input type="checkbox"/> Delete STREET ADDRESS _____ CITY-ST-ZIP _____		TITLE _____ NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE _____ NAME _____ <input type="checkbox"/> Delete STREET ADDRESS _____ CITY-ST-ZIP _____		TITLE _____ NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS _____ CITY-ST-ZIP _____	
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TITLE _____ NAME _____ <input type="checkbox"/> Delete STREET ADDRESS _____ CITY-ST-ZIP _____		TITLE _____ NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE _____ NAME _____ <input type="checkbox"/> Delete STREET ADDRESS _____ CITY-ST-ZIP _____		TITLE _____ NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS _____ CITY-ST-ZIP _____	
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>JESUS E. RIVERA</u> JESUS E. RIVERA <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>04/26/06</u> 305-826-1421 <small>Date Daytime Phone #</small>	

66018292



04262006 Chg-P CR2E034 (11/05)

4. FEI Number **20-3620634** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☒ **(\$8.75 Additional) Fee Required**