

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90241 015 ***158.75

DOCUMENT # P06000020103

1. Entity Name
DIGITAL4LESS INC.



Principal Place of Business

172 WHITE BIRCH DRIVE
KISSIMMEE, FL 34743

Mailing Address

172 WHITE BIRCH DRIVE
KISSIMMEE, FL 34743



04082008 No Chg-P CR2E034 (11/05)

4. FEI Number
03-0581392

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ISHAQ, AIJAZ
172 WHITE BIRCH DRIVE
KISSIMMEE, FL 34743

**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

(President)

4-11-08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ISHAQ, AIJAZ
STREET ADDRESS	172 WHITE BIRCH DRIVE
CITY-ST-ZIP	KISSIMMEE, FL 34743
TITLE	VP
NAME	AZOULAY, MICHAEL
STREET ADDRESS	944 Kersfield circle
CITY-ST-ZIP	Lake Mary, FL - 32746
TITLE	T
NAME	ASULIN, GVRIEL
STREET ADDRESS	5001B West irlo Bronson Hwy
CITY-ST-ZIP	Kissimmee, FL - 34746
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

AIJAZ ISHAQ (P)

Date

Daytime Phone #

4-11-08

407-579-8084