



**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P06000109797</b> 1. Entity Name <b>DIGITAL INTEGRATORS CORPORATION</b>	
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Principal Place of Business <b>8109 NW 29 ST. MIAMI, FL 33122</b>	Mailing Address <b>8109 NW 29 ST. MIAMI, FL 33122</b>
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**DO NOT WRITE IN THIS SPACE**

  
04082008 No Chg-P CR2E034 (11/05)  
4. FEI Number  
**20-5430211**  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent  
**CARPENA, JUAN C.  
8109 NW 29 ST.  
MIAMI, FL 33122**

**DO NOT WRITE  
IN THIS SPACE**

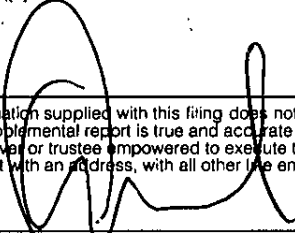
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  
**NIA**  
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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 NAME STREET ADDRESS CITY-ST-ZIP	DP CARPENA, JUAN C. 8109 NW 29 ST. MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CHINEN, PAUL 8109 NW 29 ST. MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAZOE, RICARDO 8109 NW 29 ST. MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/23/08-80083-010 158.75

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:  JUAN C. CARPENA 04/08/2008 305-463-9195**