


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90073 001 ***150.00

DOCUMENT # P07000070642	
1. Entity Name DIGINO ENTERPRISES INC.	

Principal Place of Business 13827 HAWK LAKE DRIVE ORLANDO, FL 32837 US	Mailing Address 13827 HAWK LAKE DRIVE ORLANDO, FL 32837 US
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50001350



2. Principal Place of Business - No P.O. Box # 520 Holbrook Circle	3. Mailing Address 520 Holbrook Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03192008 Chg-P CR2E034 (12/06)

City & State Lake Mary FL	City & State Lake Mary FL
Zip 32746	Zip 32746
Country USA	Country USA

4. FEI Number 26 0384078	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ELGHANNAM, AMR 13827 HAWK LAKE DRIVE ORLANDO, FL 32827	7. Name and Address of New Registered Agent Name: Medhat AbouKour Street Address (P.O. Box Number is Not Acceptable) 520 Holbrook Circle City: Lake Mary, FL Zip Code: 32746
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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: MEDHAT ABOKOUR 03/19/2008 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ABOUKOURA, MEDHAT 13827 HAWK LAKE DRIVE ORLANDO, FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AbouKour, Medhat 520 Holbrook Circle, Lake Mary, FL 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ELGHANNAM, AMR 13827 HAWK LAKE DRIVE ORLANDO, FL 32837 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: MEDHAT ABOKOUR 03/19/2008 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #