

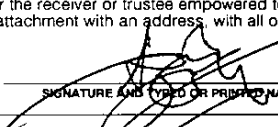


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90102 037 ***158.75

DOCUMENT # P07000104897 1. Entity Name DIGI-MART INC.					
Principal Place of Business 5001B WEST IRLO BRONSON HWY 192 KISSIMMEE, FL 34746 US				Mailing Address 5001B WEST IRLO BRONSON HWY 192 KISSIMMEE, FL 34746 US	
2. Principal Place of Business - No P.O. Box # 5299 West Irlo Bronson Hwy Suite, Apt. #, etc. Suite #3, #		3. Mailing Address 5299 West Irlo Bronson Hwy Suite, Apt. #, etc. Suite #3			
City & State Kissimmee, FL		City & State Kissimmee, FL		4. FEI Number 26-1134029	
Zip 34746		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ASULIN, GVRIEL 5001B WEST IRLO BRONSON HWY 192 KISSIMMEE, FL 34746				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME ASULIN, GVRIEL STREET ADDRESS 5001B WEST IRLO BRONSON HWY 192 CITY-ST-ZIP KISSIMMEE, FL 34746	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME AZOULAY, MICHAEL STREET ADDRESS 2860 FALLING TREE CIRCLE CITY-ST-ZIP ORLANDO, FL 32837	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ISHAQ, AIJAZ STREET ADDRESS 172 WHITE BIRCH DRIVE CITY-ST-ZIP KISSIMMEE, FL 34743	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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: 			AIJAZ ISHAQ (D)		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4-11-08 Daytime Phone # 407-579-8084		