

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED  
Apr 20, 2005 08:00 AM  
Secretary of State

DOCUMENT # P93000039120

1. Entity Name  
DIGIMEDIA PRO, INC.



Principal Place of Business  
9745 SUNSET DRIVE  
SUITE 201  
MIAMI, FL 33173-4549 US

Mailing Address  
9745 SUNSET DRIVE  
SUITE 201  
MIAMI, FL 33173-4549 US



02122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0480327

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, JAIME  
9745 SUNSET DRIVE  
SUITE 201  
MIAMI, FL 33173-4549

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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	PTD SIMONETTA, DOMINGO A 8260 NW 27TH ST., #404 MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TRINCHITELLA, NORMA 8260 NW 27TH ST., #404 MIAMI, FL 33122
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04/20/05-80088-007 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Domingo A. Simonetta  
President

4/11/2005

Date

305-279-1411

Daytime Phone #