## 2004 FOR PROFIT CORPORATION

## FILED ANNUAL REPORT (AR) Feb 25, 2004 8:00 am DOCUMENT # P93000076995 **Secretary of State** 1. Entity Name 02-25-2004 90017 042 \*\*\*150.00 DIGEMA CORPORATION Mailing Address Principal Place of Business 3368 N.E. 169TH ST. 3368 N.E. 169TH ST. NORTH MIAMI BEACH FL 33160 NORTH MIAMI BEACH FL 33160 2. Principal Place of Business 3. Mailing Address 16500 COLLINS AVE 16500 COLLINS Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (11/03) APT APT # City & State 4. FEI Number Applied For City & State 65-0446808 SUNNY ISLES BEACH SUNNY ISLES BEACH FL Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33160 Fee Required 331*60* 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent OSCAR ROVITO ROVITO, OSCAR ESQ. 3368 N.E. 169TH STREET Street Address (P.O. Box Number is Not Acceptable) フら NW NORTH MIAMI BEACH FL 33160 MIAMI 8. The above named entity submit 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 02.19.04 SIGNATURE ... (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. D & Change DΡ ☐ Delete TITLE TITLE ROVITO OSCAR 675 NW 97th STREET OSCAR ROVITO, OSCAR NAME NAME STREET ADDRESS STREET ADDRESS 3368 N.E. 169TH ST. MIAMI FL 33150 NORTH MIAMI BEACH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ROVITO SARA NAME ROVITO, SARA 16500 COLLINS AVE \$ 2255 STREET ADDRESS STREET ADDRESS 3368 NE 169 ST SUNNY ISLES BEACH FL 33160 N.M.B. FL 33160 CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my eignature 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 these empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied

OSCAR ROVITO 02.19.04 305-945-571

ddress, with all other like empoy

CER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFF

SIGNATURE: