2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000076995

1. Entity Name
DIGEMA CORPORATION

Principal Place of Business	Mailing Address
16500 COLLINS AVE. APT. 2255 NORTH MIAMI BEACH, FL 33160	16500 COLLINS AVE. APT. 2255 NORTH MIAMI BEACH, FL 33160

DO NOT WRITE IN THIS SPACE

01052007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0446808	Not Applicable

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

6. Name and Address of Current Registered Agent

ROVITO, OSCAR
675 NW 97TH ST.
MIAMI, FL 33150

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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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.		OFFICERS AND DIRECTORS
TITLE	DP	
NAME	ROVITO, OSCAR	
STREET ADDRESS	675 NW 97TH ST.	
CITY-ST-ZIP	MIAMI, FL 33150	
TITLE	D	
NAME	ROVITO, SARA	
STREET ADDRESS	16500 COLLINS AVE., #2255	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		
NAME		
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CITY-ST-ZIP		

1000000586444
01/16/07-80053-013 150.00

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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: _Oscar Rovito_   1/9/07   305 757-5577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #