

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000004004

1. Entity Name
DIGITAL PROPERTIES, INC.



Principal Place of Business
**C/O JOSEPH F. LOPEZ, ESQUIRE
250 BIRD ROAD, #302
CORAL GABLES, FL 33146**

Mailing Address
**1157 SWEETWATER RD
SPRING VALLEY, CA 91977**



01122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0621535

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LOPEZ, JOSEPH F ESQ.
250 BIRD ROAD, #302
CORAL GABLES, FL 33146**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000550874
05/13/06-80077-020 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PSTC
NAME	WIENER, STEVE
STREET ADDRESS	250 BIRD ROAD #302
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	V
NAME	ANDRUS, W.H.
STREET ADDRESS	C/O JOSEPH F. LOPEZ, 250 BIRD RD. #302
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Steve Wiener **Steve Wiener** **4-26-06** **425-8040** (419)