


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # P95000004004	
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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



04092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0621535	Applied For Not Applicable
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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)

U000000727964
05/04/07-80069-008 150.00
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	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	

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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steve Wiener Steve Wiener 4-18-07 (619) 425-8040

Date

Daytime Phone #