2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000072071

1. Entity Name
DIGF INVESTMENT, INC,.

Principal Place of Business	Mailing Address
2933 MARTIN STREET APT # 29 ORLANDO, FL 32806	2933 MARTIN STREET APT # 29 ORLANDO, FL 32806

DO NOT WRITE IN THIS SPACE

01082007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3349018
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CANALES, DANTE
14525 GAINESBOROUGH DRIVE
ORLANDO, FL 32826-4003

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD
NAME	CANALE, DANTE
STREET ADDRESS	14525 GAINESBOROUGH DR
CITY-ST-ZIP	ORLANDO, FL 32826
TITLE	VP
NAME	CANALE, GIOVANNI
STREET ADDRESS	7147 YACHT BASIN AVE APT 130
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	SCCT
NAME	CANALE, MARIA I
STREET ADDRESS	14525 GAINESBOROUGH DR
CITY-ST-ZIP	ORLANDO, FL 328264003
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 01-16-07 407-4150472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #