


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90022 008 ***150.00

DOCUMENT # P98000007435			
1. Entity Name DIGA OF MIAMI, INC.			
Principal Place of Business 6470 W FLACER ST MIAMI, FL 33144		Mailing Address 5501 N.W. 7TH STREET E#108 MIAMI, FL 33126	
2. Principal Place of Business 640 SW 72 CT		3. Mailing Address 640 SW 72 CT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
4. FEI Number 65-0808024		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04072004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GAMEZ, MARIA 6601 NW 7TH ST, #E 108 MIAMI, FL 33126		Name: GAMEZ MARIA F. Street Address (P.O. Box Number is Not Acceptable) 640 SW 72 CT City MIAMI FL Zip Code 33144	
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: <i>Maria F. Gamez</i>		MARIA F. GAMEZ REGISTERED AGENT DATE: 04/07/04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAMEZ, MARIA 6601 NW 7TH STREET #E108 MIAMI, FL 33126 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. GAMEZ MARIA F. 640 SW 72 CT. MIAMI FL 33144 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing 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 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. MARIA F. GAMEZ			
SIGNATURE: <i>Maria F. Gamez</i>		PRESIDENT DATE: 04/07/04 (305) 264-3174	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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