

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**

44060000



2. Principal Place of Business

640 SW 72 CT

3. Mailing Address

640 SW 72 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04072004

Chg-P

CR2E034 (10/03)

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0808024

Applied For

Not Applicable

Zip

33144

Country

USA

Zip

33144

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GAMEZ, MARIA
5501 NW 7TH ST, #E-108
MIAMI, FL 33126**

7. Name and Address of New Registered Agent

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 **Maria F. Gamez**

**MARIA F. GAMEZ
REGISTERED AGENT**

04/07/04

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **GAMEZ, MARIA**
STREET ADDRESS **5501 NW 7TH STREET #E108**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P.** ☒ Change ☐ Addition
NAME **GAMEZ MARIA F.**
STREET ADDRESS **640 SW 72 CT**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: **Maria F. Gamez**

PRESIDENT

04/07/04 (305) 264-3174

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #