

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000023073

1. Entity Name  
KAESER DIGITAL CONNECTIONS, INC.



Principal Place of Business  
15690 S.W. 82ND LANE  
9-1  
MIAMI, FL 33193

Mailing Address  
15690 SW 82ND LANE  
9-1  
MIAMI, FL 33193



05052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0898094

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

INFANTE, PAUL  
15690 S.W. 82ND LANE  
9-1  
MIAMI, FL 33193

**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 \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000324434

04/22/05-80093-015 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	INFANTE, PAUL
STREET ADDRESS	15690 SW 82 LANE 9-1
CITY-ST-ZIP	MIAMI, FL 33193
TITLE	S
NAME	INFANTE, PILAR
STREET ADDRESS	15690 SW 82ND LANE 9-1
CITY-ST-ZIP	MIAMI, FL 33193
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 exemption stated in Section 119.07(3)(f), 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:

*Paul Infante* PAUL INFANTE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-05

(305) 388 8108

Date

Daytime Phone #