

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000100887

Entity Name: DIGISTREAM SOUTH FLORIDA, INC.**Current Principal Place of Business:**417 MACE BLVD. #J-129
DAVIS, CA 95618**Current Mailing Address:**417 MACE BLVD. #J-129
DAVIS, CA 95618 US**FEI Number:** 27-1651953**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NORTHWEST REGISTERED AGENT, LLC
3030 N. ROCKY POINT DRIVE, STE 150A
TAMPA, FL 33607 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIR.
Name	AARONSON, WILLIAM M
Address	44633 S. EL MACERO DRIVE
City-State-Zip:	EL MACERO CA 95618

Title	P
Name	AARONSON, WILLIAM M
Address	44633 S. EL MACERO DRIVE
City-State-Zip:	EL MACERO CA 95618

Title	TREA
Name	AARONSON, WILLIAM
Address	44633 S. EL MACERO DRIVE
City-State-Zip:	EL MACERO CA 95618

Title	SECR
Name	AARONSON, WILLIAM
Address	44633 S. EL MACERO DRIVE
City-State-Zip:	EL MACERO CA 95618

Title	DIR.
Name	AARONSON, WILLIAM
Address	44633 S. EL MACERO DRIVE
City-State-Zip:	EL MACERO CA 95618

Title	DIR.
Name	AARONSON, SHIRLEY J
Address	44633 S. EL MACERO DRIVE
City-State-Zip:	EL MACERO CA 95618

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: AARONSON, WILLIAM**OWNER****01/28/2014**

Electronic Signature of Signing Officer/Director Detail

Date