

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 508968

FILED  
Mar 12, 2004  
Secretary of State

Entity Name: DATA ACCESS CORPORATION

**Current Principal Place of Business:**

14000 SW 119 AVENUE  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

14000 SW 119 AVENUE  
MIAMI, FL 33186

**New Mailing Address:**

FEI Number: 59-1678681      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CASANAIVE, CHARLES L III  
14000 SW 119 AVENUE  
MIAMI, FL 33186      US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VSD ( ) Delete  
Name: CASANAIVE, CHARLES L,  
Address: 13600 SW 186TH ST  
City-St-Zip: MIAMI, FL

Title: PTD ( ) Delete  
Name: CASANAIVE, CHAS L III,  
Address: 18441 SW 85TH CT  
City-St-Zip: MIAMI, FL 00000,

Title: VD ( ) Delete  
Name: MEELEY, STEPHEN W  
Address: 14532 SW 142 PLACE CIR  
City-St-Zip: MIAMI, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CHARLES L. CASANAIVE III

PTD

03/12/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date