

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Aug 14, 2007  
Secretary of State**

DOCUMENT# 508968

Entity Name: DATA ACCESS CORPORATION

**Current Principal Place of Business:**

14000 SW 119 AVENUE  
MIAMI, FL 33186 US

**New Principal Place of Business:**

**Current Mailing Address:**

14000 SW 119 AVENUE  
MIAMI, FL 33186 US

**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

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: CASANAIVE III, CHARLES L  
Address: 18441 SW 85 CT  
City-St-Zip: MIAMI, FL 33157 US

Title: S ( ) Delete  
Name: GARONE, TAREN  
Address: 15321 SW 154 TERR  
City-St-Zip: MIAMI, FL 33187 US

Title: VD ( ) Delete  
Name: MEELEY, STEPHEN W  
Address: 14105 WATERS EDGE COURT  
City-St-Zip: MIDLOTHIAN, VA 23112 US

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

Title: PTD (X) Change ( ) Addition  
Name: CASANAIVE III, CHARLES L  
Address: 8201 SW 186 ST  
City-St-Zip: MIAMI, FL 33157 US

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 exemption stated in Chapter 119, 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

08/14/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date