


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90116 003 ***150.00

DOCUMENT # K39414

1. Entity Name
TIME DATA CORPORATION



Principal Place of Business Mailing Address

~~9273 COLLINS AVE~~ ~~9273 COLLINS AVE~~
~~1003~~ ~~1003~~
MIAMI BEACH, FL 33154 **MIAMI BEACH, FL 33154**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

3860 S.W. 8th St **3860 S.W. 8th St**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
200 **200**

City & State City & State

CORAL GABLES **CORAL GABLES**

Zip Country Zip Country

33134 **DADE** **33134** **DADE**



04212008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

65-0099001 Not Applicable

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

6. Name and Address of Current Registered Agent

GOLDIKENER, NELSON
9273 COLLINS AVE
~~STE 1003~~
MIAMI BEACH, FL 33154

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3860 S.W. 8th St

Ste 200

City State Zip Code

CORAL GABLES **FL** **33134**

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|------------------------------------|
| TITLE | PD <input type="checkbox"/> Delete |
| NAME | GOLDIKENER, NELSON |
| STREET ADDRESS | 9273 COLLINS AVE STE 1003 |
| CITY - ST - ZIP | MIAMI BEACH, FL 33154 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 3860 S.W. 8th St Ste 200 |
| CITY - ST - ZIP | CORAL GABLES FL 33134 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ DATE: **4/20/08** DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR