


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000015389

1. Entity Name
DATOS LLC



Principal Place of Business 8181 NORTHWEST 154TH ST., STE. 250 MIAMI LAKES, FL 33016	Mailing Address 8181 NORTHWEST 154TH ST., STE. 250 MIAMI LAKES, FL 33016
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02122004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0408074	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**GONZALEZ, ERONIDES
 7401 SABAL DRIVE
 HIALEAH, FL 33016**

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

**Filing Fee is \$50.00
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GONZALES, ERONIDES 8181 NORTHWEST 154TH ST., STE. 250 MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ALLEN, WARREN 8181 NORTHWEST 154TH ST., STE. 250 MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MENDOZA, CLAUDIO 8275 SW 53RD AVENUE MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T OTALORA, RAFAEL 18535 SW 42ND STREET MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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000000106690
 04/08/04 00025-019 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Rafael Otalora **4/5/04 (305)512-2872**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #