


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000015389**

1. Entity Name  
**DATOS LLC**



Principal Place of Business      Mailing Address

**8181 NORTHWEST 154TH ST., STE. 250**      **8181 NORTHWEST 154TH ST., STE. 250**  
**MIAMI LAKES, FL 33016**      **MIAMI LAKES, FL 33016**

**DO NOT WRITE IN THIS SPACE**



01192005 No Chg-LLC      CR2E083 (10/03)

4. FEI Number  
**03-0408074**      Applied For  
 Not Applicable

5. Certificate of Status Desired        **\$5.00 Additional Fee Required**

8. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

9. 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 re-registering)

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

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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L000000271984  
 03/21/05-80072-005 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)(f), 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 Dtalora**      **3/17/2005**      **(305) 512-2872**

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