## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# M08364

City-St-Zip:

MIDLOTHIAN, VA 23112

DATA ACCESS INTERNATIONAL, INC

FILED Jan 21, 2009 Secretary of State

Entity Name: DATA ACCESS INTERNATIONAL, INC.					
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
14000 SW 119 AVE. MIAMI, FL 33186			14000 SW 119 AVE 200 MIAMI, FL 33186	i.	
Current Ma	ailing Addres	s:	New Mailing Addre	New Mailing Address:	
14000 SW 119 AVE. MIAMI, FL 33186			14000 SW 119 AVE 200 MIAMI, FL 33186		
FEI Number:	59-2466339	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
CASANAVE, CHARLES L III 14000 SW 119 AVE MIAMI, FL 33186 US			14000 SW 119 AVE 200	CASANAVE, CHARLES L III 14000 SW 119 AVE 200 MIAMI, FL 33186 US	
The above in the State		submits this statement for the pu	rpose of changing its registe	ered office or registered agent, or both,	
SIGNATUR	RE: CHARLES	S L. CASANAVE III		01/21/2009	
	Electron	ic Signature of Registered Ager	nt	Date	
Election Cam	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PTD () CASANAVE III, 0 8201 SW 186 S MIAMI, FL 331	Т	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () GARONE, TARE 15321 SW 154 MIAMI, FL 3318	TERR	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address:	MEELEY, STEP	Delete HEN W SEDGE COURT	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: CHARLES L. CASANAVE III PRES 01/21/2009