


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # P00000411642

1. Entity Name
DATATAX (2000), INC.



Principal Place of Business Mailing Address

6331 STIRLING ROAD 6331 STIRLING ROAD
DAVIE, FL 33936 DAVIE, FL 33936



04132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1051250 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BRAHAM, DARRELL
6331 STIRLING ROAD
DAVIE, FL 33936

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)

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**

00000900907
 04/23/08-80044-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BRAHAM, DARRELL
STREET ADDRESS	11980 SW 22ND COURT
CITY-ST-ZIP	DAVIE, FL 33325
TITLE	VP
NAME	BRAHAM, JULIE
STREET ADDRESS	11980 SW 22 COURT
CITY-ST-ZIP	DAVIE, FL 33325
TITLE	T
NAME	BRAHAM, MARGARET
STREET ADDRESS	11980 SW 22 COURT
CITY-ST-ZIP	DAVIE, FL 33325
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: **April 14/2008** Daytime Phone #: **9547913003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR