2005 FOR PROFIT CORPORATION

CITY-ST-ZIP

changed, or on an attachment

SIGNATURE:

May 03, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P02000047932 OPEN DATA CORP. Principal Place of Business Mailing Address 8360 WEST FLAGLER ST. 8360 WEST FLAGLER ST. #200 #200 MIAMI, FL 33144 MIAMI, FL 33144 No Chg-P CR2E034 (10/03) 04292005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1162252 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE RIOS, LUIS O 8360 WEST FLAGLER ST. IN THIS SPACE #200 MIAMI, FL 33144 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. Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) \$5.00 May Be Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 П Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. HILE VICETTO, LUIS NAME 8360 WEST FLAGLER ST. #200 STREET ADDRESS U00000359259 05/04/05-80147-012 150.00 MIAMI, FL 33144 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY S1-ZIP TITLE NAME STREET ADDRESS

12. 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 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 of rostee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 in the corporation of the receiver of rostee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 in the corporation of the receiver of rostee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 in the corporation of the rost of the ro

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED