

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000132149

1. Entity Name
TELEFONICA DATA USA, INC.



FILED
04 JUL 22 PH 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1221 BRICKELL AVENUE
SUITE 600
MIAMI, FL 33131

Mailing Address
1221 BRICKELL AVENUE
SUITE 600
MIAMI, FL 33131

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number
52-2215332

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

QUARLES, THOMAS J
2200 MUSEUM TOWER
150 WEST FLAGLER ST.
MIAMI, FL 33130

07212004 Chg-P CR2E034 (10/03)

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DIEZ, MATEO B	
STREET ADDRESS	1221 BRICKELL AVE., STE. 600	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BADIOLA, ALVARO	
STREET ADDRESS	1221 BRICKELL AVE., STE. 600	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	S	<input type="checkbox"/> Delete
NAME	PAREJA, CRISTINIA	
STREET ADDRESS	1221 BRICKELL AVE., STE. 600	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	PIZARRO, PETE	
STREET ADDRESS	1221 BRICKELL AVENUE	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bernardo Puinn	
STREET ADDRESS	1221 Brickell Ave., Suite 600	
CITY-ST-ZIP	Miami, FL 33131	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Juan Carlos Ros	
STREET ADDRESS	1221 Brickell Ave., Suite 600	
CITY-ST-ZIP	Miami, FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas J. Quarles	
STREET ADDRESS	150 West Flagler Street, Suite 2200	
CITY-ST-ZIP	Miami, FL 33130	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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: [Signature] Date: 7/21/04 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten mark]



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 816228 4311473

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : \$ 158.75

ORDER DATE : July 22, 2004

ORDER TIME : 10:32 AM

ORDER NO. : 816228-005

CUSTOMER NO: 4311473

CUSTOMER: Ms. Jackie Gerstenfeld
Stearns Weaver Miller
Suite 2200, Museum Tower
150 West Flagler Street
Miami, FL 33130

ANNUAL REPORT FILING

NAME: TELEFONICA DATA USA, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward-EXT 2935

RECEIVED
 04 JUL 22 PM 12:13
 EXAMINER'S INITIALS: _____
 DEPT. OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA