

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000069757

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** USA DATA PROCESSING CORP

**Current Principal Place of Business:**

1155 BRICKELL BAY DR STE 402  
MIAMI, FL 33131

**New Principal Place of Business:**

990 BISCAYNE BLVD SUITE 503  
MIAMI, FL 33132

**Current Mailing Address:**

1155 BRICKELL BAY DR STE 1402  
MIAMI, FL 33131

**New Mailing Address:**

990 BISCAYNE BLVD SUITE 503  
MIAMI, FL 33132

**FEI Number:** 20-2887958

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALTOP, SOLEN  
1155 BRICKELL BAY DR STE 1402  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

ALTOP, SOLEN  
701 BRICKELL KEY BLVD #802  
MIAMI, FL 33131 US

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.

SIGNATURE: SOLEN ALTOP

04/11/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: ALTOP, SERHAN  
Address: 951 BRICKELL AV, 2700  
City-St-Zip: MIAMI, FL 33131 FL

Title: P  
Name: ESKENAZI, CYRIL  
Address: 3 ALLEE DES DEMOISELLES  
City-St-Zip: CROISSY SUR SEINE, FR 78290 FR

Title: T  
Name: SAURAH, SINAH  
Address: 2451 CLOVER HIGHLANDS NIBM RD KONDHWA PUNE  
City-St-Zip: 4111 048 MAHARASHTRA, BI INDIA BI

I hereby 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 all other like empowered.

SIGNATURE: CYRIL ESKENAZI

P

04/11/2012

Electronic Signature of Signing Officer or Director

Date