## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000049304

Address:

City-St-Zip:

12515 ORANGE DR STE 810

DAVIE, FL 33330

ADVANCED CONSULTING MICRODATA CORP

FILED Jan 12, 2004 Secretary of State

Entity Name: ADVANCED CONSULTING MICRODATA CORP.					
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
12515 ORA STE 810 DAVIE, FL					
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
12515 ORA STE 810 DAVIE, FL					
FEI Number:	65-0928518 FI	El Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
MORENO, ANTONIO 12555 ORANGE DR SUITE 103 DAVIE, FL 33330 US			12515 ORÂNGE DF SUITE 810	MORENO, ANTONIO 12515 ORANGE DR SUITE 810 DAVIE, FL 33330 US	
The above in the State		nits this statement for the pu	rpose of changing its registe	ered office or registered agent, or both,	
SIGNATURE: ANTONIO MORENO				01/12/2004	
Electronic Signature of Registered Agent			t	Date	
Election Can	npaign Financing Tru	st Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Dele MORENO, ANTONIC 12515 ORANGE DR DAVIE, FL 33330		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () Dele LOGGIA, FERINAND 12515 ORANGE DR DAVIE, FL 33330	0	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	D () Dele		Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: ANTONIO MORENO P 01/12/2004