

**2007 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2007 08:00 AM
Secretary of State

DOCUMENT # 344127

1. Entity Name
DATI CORPORATION



Principal Place of Business
**410 16TH ST
MIAMI BEACH, FL 33139**

Mailing Address
**410 16TH ST
MIAMI BEACH, FL 33139**



03212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1309018	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DATORRE, ROBERTO
410 16TH ST
MIAMI, FL 33139**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DATORRE, TOMAS, SR 410 16TH ST MIAMI BEACH, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DATORRE, ROBERTO 410 16TH ST MIAMI BEACH, FL 00000,
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**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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/07
Date

305-5315493
Daytime Phone #