

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90025 021 ***150.00

DOCUMENT # 381500.

1. Entity Name

BST DATA SYSTEMS, INC.



Principal Place of Business

**5925 BENJAMIN CENTER DR, #110
P.O. BOX 23425
TAMPA FL 33623**

Mailing Address

**5925 BENJAMIN CENTER DR, #110
P.O. BOX 23425
TAMPA FL 33623**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1348514

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BALDOR, CARLOS
9805 EMERALD LINKS DR
TAMPA FL 33-626n**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDT	☐ Delete
NAME	BALDOR, CARLOS	
STREET ADDRESS	9805 EMERALD LINKS DR	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	DSV	☐ Delete
NAME	BALDOR, LIANA	
STREET ADDRESS	9805 EMERALD LINKS DR	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	V	☐ Delete
NAME	BALDOR, CARLOS JR	
STREET ADDRESS	10312 GREENHEDGES DR	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	V	☐ Delete
NAME	BALDOR, JAVIER	
STREET ADDRESS	11802 MIDDLEBURY DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	☒ Delete
NAME	BALDOR, ANA M	
STREET ADDRESS	10305 GREEN LINKS DRIVE	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carlos Baldor

2/13/04

Date

813-886-3300

Daytime Phone #