2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # 381500

1. Entity Name
BST DATA SYSTEMS, INC.

Principal Place of Business	Mailing Address
5925 BENJAMIN CENTER DR, #110 P.O. BOX 23425 TAMPA, FL 33623	5925 BENJAMIN CENTER DR, #110 P.O. BOX 23425 TAMPA, FL 33623

DO NOT WRITE IN THIS SPACE

01092007 No Chg-P CR2E034 (11/05)

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

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

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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
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	PDT
NAME	BALDOR, CARLOS
STREET ADDRESS	9805 EMERALD LINKS DR
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	DSV
NAME	BALDOR, LIANA
STREET ADDRESS	9805 EMERALD LINKS DR
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	V
NAME	BALDOR, CARLOS JR
STREET ADDRESS	1110 CULBREATH ISLE DR
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	V
NAME	BALDOR, JAVIER
STREET ADDRESS	4923 LYFORD CAY RD
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ Carlos Baldor, President 1/9/07 813-886-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #