

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

|                                          |                                                                                   |
|------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 381500</b>                 |  |
| 1. Entity Name<br>BST DATA SYSTEMS, INC. |                                                                                   |

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

**DO NOT WRITE IN THIS SPACE**



01092007 No Chg-P CR2E034 (11/05)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-1348514 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----------------------------------------------------------|--------------------------------|

|                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>BALDOR, CARLOS<br>9805 EMERALD LINKS DR<br>TAMPA, FL 33626n |
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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.

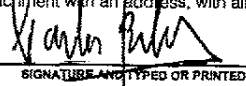
|                                                                                                                |                                                              |            |
|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------|
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------|

|                                                                                     |                                                                                                                        |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                     |
|------------------------------------------------|---------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PDT<br>BALDOR, CARLOS<br>9805 EMERALD LINKS DR<br>TAMPA, FL 33626   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DSV<br>BALDOR, LIANA<br>9805 EMERALD LINKS DR<br>TAMPA, FL 33626    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>BALDOR, CARLOS JR<br>1110 CULBREATH ISLE DR<br>TAMPA, FL 33629 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>BALDOR, JAVIER<br>4923 LYFORD CAY RD<br>TAMPA, FL 33629        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>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.

|                                                                                                       |                          |                     |                                |
|-------------------------------------------------------------------------------------------------------|--------------------------|---------------------|--------------------------------|
| <b>SIGNATURE:</b>  | Carlos Baldor, President | 1/9/07              | 813-886-3300                   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                     |                          | <small>Date</small> | <small>Daytime Phone #</small> |