

2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90032 025 ***150.00

44008676



01202004 Chg-P CR2E034 (10/03)

DOCUMENT # F0000003646 1. Entity Name DIVEO DATA CENTERS (USA), INC.			
Principal Place of Business ONE FINACIAL PLAZA SUITE 1700 FORT LAUDERDALE, FL 33394		Mailing Address ONE FINACIAL PLAZA SUITE 1700 FORT LAUDERDALE, FL 33394	
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 52-2266754		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		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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 _____ 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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PCOO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPANGLER, LARRY	NAME	
STREET ADDRESS	ONE FINACIAL PLAZA STE 1700	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33394	CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASQUERA, JUAN	NAME	
STREET ADDRESS	ONE FINACIAL PLAZA STE 1700	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33394	CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, OSCAR	NAME	
STREET ADDRESS	ONE FINACIAL PLAZA STE 1700	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33394	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAGO, VICTOR	NAME	
STREET ADDRESS	ONE FINACIAL PLAZA STE 1700	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33394	CITY-ST-ZIP	
TITLE	ASAT <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHAN, CAROL	NAME	
STREET ADDRESS	ONE FINACIAL PLAZA STE 1700	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33394	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>Victor A. Lago</i>		Date: <i>1/21/04</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <i>(954)462-2210</i>	