

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90059 001 ***300.00

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1. Entity Name
 DIVEO DATA CENTERS (USA), INC.



Principal Place of Business
 ONE FINACIAL PLAZA
 SUITE 125
 FORT LAUDERDALE, FL 33394

Mailing Address
 ONE FINACIAL PLAZA
 SUITE 125
 FORT LAUDERDALE, FL 33394

66001104



01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2266754	Applied For Not Applicable
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5. Certificate of Status Desired. **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GARCIA, OSCAR
STREET ADDRESS	ONE FINACIAL PLAZA STE 125
CITY-ST-ZIP	FORT LAUDERDALE, FL 33394
TITLE	L
NAME	ROMAN, EDUARDO J
STREET ADDRESS	ONE FINACIAL PLAZA STE 125
CITY-ST-ZIP	FORT LAUDERDALE, FL 33394
TITLE	VP
NAME	VERGARA, JOSE
STREET ADDRESS	ONE FINACIAL PLAZA STE 125
CITY-ST-ZIP	FORT LAUDERDALE, FL 33394
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/06 9544622210
 Date Daytime Phone #