2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State 02-09-2007 90021 002 ***150.00 **DOCUMENT # F00000003646** DIVEO DATA CENTERS (USA), INC. Principal Place of Business Mailing Address ONE FINACIAL PLAZA ONE FINACIAL PLAZA SUITE 125 SUITE 125 FORT LAUDERDALE, FL 33394 FORT LAUDERDALE, FL 33394 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Numbe Applied For 52-2266754 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Rogistered Agent 8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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, hipped or printed name of reglatered agent and little if applicable. (NOTE: Registered Agent aignature required when reneating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Dir. of Finance HILE ☐ Delete TITLE ☐ Change GAROIA, OSCAR NAME GONZALEZ, Andrea Lorena ONE PINACIAL PLAZA STE 125 one Financial Plaza, 51E 125 Ft. Lauderdale, FZ 33394 STREET ADORESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33394 CITY-ST-712 ☐ Change ☐ Delete ☐ Addition INLE TITLE NAME ROMAN, EDUARDO J NAME STREET ADDRESS ONE FINACIAL PLAZA STE 125 STREET ADDRESS FORT LAUDERDALE, FL 33394 CITY-ST-ZIP CITY-\$1-7IP Deleta Change TITLE TITLE ☐ Addition VERGARA, JOSE NAME MALE ONE FINACIAL PLAZA STE 125 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE, FL 33394 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detecte TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 cath; 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.

LOZENA GONZAKEZ

ME OF BIOMING OFFICER OR DIRECTOR

FILED Feb 09, 2007 8:00 am

954-462-2210

Destina Phone &

11204