

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000003773 1. Entity Name THE DATAMYNE INC.					
Principal Place of Business 703 WATERFORD WAY, STE. 200 MIAMI FL 33126			Mailing Address 703 WATERFORD WAY, STE. 200 MIAMI FL 33126		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-2710200	
5. Certificate of Status Desired ☒		Applied For ☐ Not Applicable			
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					
7. Name and Address of New Registered Agent 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					
Signature, typed or printed name of registered agent and title if applicable.					
DATE 3/1/07					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
FEB 26 2007					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	PRES	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BELL, STUART		NAME		
STREET ADDRESS	703 WATERFORD WAY, STE. 200		STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33126		CITY - ST - ZIP		
TITLE	CEO	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MILBURN, PABLO		NAME		
STREET ADDRESS	703 WATERFORD WAY, STE. 200		STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33126		CITY - ST - ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WENDELL, JONATHAN		NAME		
STREET ADDRESS	9 GREENWICH OFFICE PARK		STREET ADDRESS		
CITY - ST - ZIP	GREENWICH CT 06831		CITY - ST - ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KNIGIN, MICHAEL		NAME		
STREET ADDRESS	9 GREENWICH OFFICE PARK		STREET ADDRESS		
CITY - ST - ZIP	GREENWICH CT 06831		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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 exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 3/1/07					
Daytime Phone # 305-262-8600					