2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 07, 2004 08:00 AM **DOCUMENT # J52991 Secretary of State** 1. Entity Name DATASERY OF MIAMI, INC. Principal Place of Business Mailing Address 8301 SW 165 TERR 8301 SW 165 TERR MIAMI, FL 33157 MIAMI, FL 33157 No Chg-P 06302004 CR2E034 (10/03) 4. FEi Number Applied For 59-2751601 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHWERIN, JACK 8301 SW 165 TERR MIAMI, FL 33157 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 07/07/04<u>-80015-025_150.00</u> 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 8, 2004 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS TITES NAME SCHWERIN, JACK 8301 SW 165 TERRACE STREET ADDRESS CHTY-ST-ZIP MIAMI, FL VSD TITLE NAME SCHWERIN, JOANNE STREET ADDRESS 8301 SW 165 TERRACE MIAMI, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Schwenin 30 June 2014

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