


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90197 050 ****50.00

DOCUMENT # L05000009931 1. Entity Name DATA MASK JEFDA INFO, LLC			
Principal Place of Business 2000 NW 89TH PL MIAMI, FL 33172 US		Mailing Address 2000 NW 89TH PL MIAMI, FL 33172 US	
2. Principal Place of Business 3041 NW 82 AVE Suite, Apt. #, etc.		3. Mailing Address 3041 NW 82 AVE Suite, Apt. #, etc.	
City & State Miami, FL Zip 33122 Country		City & State Miami, FL Zip 33122 Country	
4. FEI Number 57 121 8071		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ABIATTI, FRANCISCO 2000 NW 89TH PL MIAMI, FL 33172		7. Name and Address of New Registered Agent Name Abiatti, Francisco Street Address (P.O. Box Number is Not Acceptable) 3041 NW 82 AVE City Miami FL Zip Code 33122	
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 _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to: Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DASILVA, JEFFERSON 2000 NW 89TH PL MIAMI, FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DASILVA, JEFFERSON 3041 NW 82 AVE MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABIATTI, FRANCISCO 3041 NW 82 AVE MIAMI, FL 33122	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABIATTI, FRANCISCO 3041 NW 82 AVE MIAMI, FL 33122
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			
Date		Daytime Phone #	