


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90153 006 \*\*\*\*50.00

<b>DOCUMENT # L05000009931</b> 1. Entity Name DATA MASK JEFDA INFO, LLC					
Principal Place of Business 3041 NW 82 AV MIAMI, FL 33122 US			Mailing Address 3041 NW 82 AV MIAMI, FL 33122 US		
2. Principal Place of Business - No P.O. Box # <i>7321 NW 85 Street</i>		3. Mailing Address <i>The Same</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <i>Miami, FL</i>		City & State 		4. FEI Number 57-1218071	
Zip <i>33122</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  ABIATTI, FRANCISCO 3041 NW 82 AVE MIAMI, FL 33122				7. Name and Address of New Registered Agent Name <i>Abiatti, FRANCISCO</i> Street Address (P.O. Box Number is Not Acceptable) <i>7321 NW 85 Street</i> City <i>Miami</i> FL Zip Code <i>33122</i>	
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)					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JEFFERSON, DASILVA 3041 NW 82 AVE MIAMI, FL 33122	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABIATTI, FRANCISCO 3041 NW 82 AVE MIAMI, FL 33127	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <i>[Signature]</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <i>01-10-07</i> Daytime Phone #		