


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90245 006 ***150.00

DOCUMENT # M05033
 1. Entity Name
DATAGUS INTERNATIONAL, INC.



Principal Place of Business
**14125 SW 167TH TERR
 MIAMI, FL 33177-2094 US**

Mailing Address
**14125 SW 167TH TERR
 MIAMI, FL 33177-2094 US**

2. Principal Place of Business
**15276 SW. 146TH AVE
 MIAMI, FL**

3. Mailing Address
**15276 S.W. 146TH AVE.
 MIAMI, FL**



01072005 Chg-P CR2E034 (10/03)

City & State
33177-6820 MIAMI, FL.

City & State
MIAMI, FL.

Zip Country
USA

Zip Country
33177-6820 USA

4. FEI Number
59-2444830

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DEL CARMEN GUEVARA, JANINA
 1565 YELLOW HEART WAY
 #1-204
 HOLLYWOOD, FL 33019**

7. Name and Address of New Registered Agent

Name
DEL CARMEN GUEVARA, JANINA

Street Address (P.O. Box Number is Not Acceptable)
15276 S.W. 146TH AVENUE

City
MIAMI

FL Zip Code
33177

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GUEVARA, GUSTAVO 14125 S.W. 167 TERRACE MIAMI, FL 33177	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GUEVARA, URANIA C 14125 S.W. 167 TERRACE MIAMI, FL 33177	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GUEVARA, JANINA D.C. 1565 YELLOW HEART WAY HOLLYWOOD, FL 33019	<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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	15276 S.W. 146TH AVE. MIAMI, FL. 33177-6820	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	15276 S.W. 146TH AVE. MIAMI, FL. 33177-6820	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	15276 S.W. 146TH AVE. MIAMI, FL. 33177-6820	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: GUSTAVO GUEVARA 4/15/05 305-251-9502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #