


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000111642 1. Entity Name DATATAX (2000), INC.	
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Principal Place of Business 6331 STIRLING ROAD DAVIE, FL 33936	Mailing Address 6331 STIRLING ROAD DAVIE, FL 33936
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DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1051250	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRAHAM, DARRELL
6331 STIRLING ROAD
DAVIE, FL 33936

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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 reinstalling) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRAHAM, DARRELL 11980 SW 22ND COURT DAVIE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRAHAM, JULIE 11980 SW 22 COURT DAVIE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRAHAM, MARGARET 11980 SW 22 COURT DAVIE, FL 33325
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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 as an attachment with an address, with all other like empowered.

SIGNATURE:  DARRELL BRAHAM PRES. 1/3/05 9547913003

SIGNATURE AND FULL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #