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Secretary of State

05-05-2003 91435 037 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000038030

1. Entity Name
DATACOM TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
5260 NW 55TH BLVD STE 308 COCONUT CREEK, FL 33073	5260 NW 55TH BLVD STE 308 COCONUT CREEK, FL 33073

2. Principal Place of Business	3. Mailing Address
5416 DeerBrook Creek Circle	5416 DeerBrook Creek Circle
Suite, Apt. #, etc. 9	Suite, Apt. #, etc. 9
City & State: Tampa, Fl	City & State: TAMPA-FlORiDA
Zip: 33624 Country: Hillsborough	Zip: 33624 Country: Hillsborough

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1093425 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUGO, JUAN R
5260 NW 55TH BLVD STE 308
COCONUT CREEK, FL 33073

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL Zip Code

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

[illegible] Make Check Payable to the Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	VP	☐ Delete
NAME	LUGO, JUAN R	
STREET ADDRESS	5260 NW 55TH BLVD STE 308	
CITY-ST-ZIP	COCONUT CREEK, FL 33073	
TITLE	P	☐ Delete
NAME	BRETON, YUDELKA I	
STREET ADDRESS	5260 NW 55TH BLVD STE 308	
CITY-ST-ZIP	COCONUT CREEK, FL 33073	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

(TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☐ Addition — blank)

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: [signature] 4/28/03 (813)968-9481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)