

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2004 8:00 am
Secretary of State

07-13-2004 90003 026 ***558.75

DOCUMENT # P01000087018

1. Entity Name
DATA INDUSTRIES, INC.



Principal Place of Business
**6075 SUNSET DR, SUITE 203
SOUTH MIAMI, FL 33143**

Mailing Address
**6075 SUNSET DR, SUITE 203
SOUTH MIAMI, FL 33143**

54062174



07072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1142285	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**RAIFAIZEN, PHILIP
6075 SUNSET DR, SUITE 203
SOUTH MIAMI, FL 33143**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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	P DUVAL, CHARLES 6075 SUNSET DR, SUITE 203 SOUTH MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RAIFAIZEN, PAUL 6075 SUNSET DR, SUITE 203 SOUTH MIAMI, FL 33143
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**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL RAIFAIZEN

Date

Daytime Phone #

7-2-04

212 742-9166