

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 09, 2004 8:00 am
Secretary of State**

04-09-2004 90032 013 ***150.00

DOCUMENT # P01000095260		
1. Entity Name MICRO DATA PC INTERNATIONAL, INC.		

Principal Place of Business 7325 NW 54TH STREET MIAMI, FL 33166	Mailing Address 7325 NW 54TH STREET MIAMI, FL 33166
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94048388

2. Principal Place of Business 4815 N.W. 79 AVE., STE. 4 Suite, Apt. #, etc. 4	3. Mailing Address 4815 N.W. 79 AVENUE Suite, Apt. #, etc. 4		
City & State MIAMI, FL	City & State MIAMI, FL		
Zip 33166	Zip 33166		
6. Name and Address of Current Registered Agent ESCALANTE, OSCAR 7325 NW 54TH STREET MIAMI, FL 33166		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.			

04022004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1142428	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

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 \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ESCALANTE, OSCAR 7325 NW 54 ST MIAMI, FL 33165	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS ORTIZ, MARIA 8290 LAKE DR APT 134 MIAMI, FL 33166	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS CRISTINA WORNER 4815 N.W. 79 AVENUE MIAMI, FL 33166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: OSCAR ESCALANTE, PRESIDENT 4/2/04 305-40690063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #