2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004
Secretary of State

DOCUMENT# P01000103703

Entity Name: DATA SERVICES CORP

Current Principal Place of Business:

8725 NW 18 TERRACE
SUITE 206
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

15841 PINES BLVD
PMB 103
PEMBROKE PINES, FL 33027

New Mailing Address:

FEI Number: 65-1151783 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEREZ, HUGO G
480 NW 161 AVENUE
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: POPOWSKI-PEREZ, AILYN
Address: 480 NW 161 AVE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VP ( ) Delete
Name: MIGUEL, A. NIDIA
Address: 5711 NW 198 TERR
City-St-Zip: MIAMI, FL 33015

Title: S ( ) Delete
Name: MIGUEL, MAX
Address: 5711 NW 198 TERR
City-St-Zip: MIAMI, FL 33015

Title: T ( ) Delete
Name: PEREZ, HUGO G
Address: 480 NW 161 AVE
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HUGO G. PEREZ T 04/19/2004

Electronic Signature of Signing Officer or Director — Date