# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 07, 2009**
**Secretary of State**

DOCUMENT# P01000103703

**Entity Name:** DATA SERVICES CORP

**Current Principal Place of Business:**

18503 PINES BLVD.
SUITE 213
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

15841 PINES BLVD
PMB 103
PEMBROKE PINES, FL 33027

**New Mailing Address:**

18503 PINES BLVD.
SUITE 213
PEMBROKE PINES, FL 33029

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

**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: 18630 SW 39 COURT
City-St-Zip: MIRAMAR, FL 33029

Title: S ( ) Delete
Name: MIGUEL, MAX
Address: 18630 SW 39 COURT
City-St-Zip: MIRAMAR, FL 33029

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 exemption stated in Chapter 119, 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 OFF 01/07/2009

Electronic Signature of Signing Officer or Director — Date