


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000004198</b> 1. Entity Name <b>ADVANTAGE DATA CORPORATION</b>	
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Principal Place of Business <b>10361 NW 12TH PL. PLANTATION, FL 33322</b>	Mailing Address <b>10361 NW 12TH PL. PLANTATION, FL 33322</b>
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**DO NOT WRITE IN THIS SPACE**



07052004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>04-3587839</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145**

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

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SUAREZ, LUIS 10361 NW 12TH PL. PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS URBINA, JOAQUIN 10361 NW 12TH PL. PLANTATION, FL 33322
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07/12/04-80002-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** LUIS SUAREZ  7/7/04 954-474-4451  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #