

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90049 019 ***150.00

DOCUMENT # P02000078401					
1. Entity Name DATEC EXPORTS CORP.					
Principal Place of Business 2121 PONCE DE LEON BLVD, STE 240 CORAL GABLES, FL 33134			Mailing Address 2121 PONCE DE LEON BLVD, STE 240 CORAL GABLES, FL 33134		
2. Principal Place of Business 8525 NW 53 rd Terr Suite, Apt. #, etc. #105 City & State MIAMI FLA Zip 33166 Country DADE		3. Mailing Address 8525 NW 53 rd Terr Suite, Apt. #, etc. #105 City & State MIAMI FL Zip 33166 Country 1			
02052004 Chg-P CR2E034 (10/03)				4. FEI Number 52-2366819	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent PRATS, GABRIEL 2121 PONCE DE LEON BLVD, STE 240 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name ARNOLD POWELL Street Address (P.O. Box Number is Not Acceptable) 8525 NW 53 rd Terr #105 City MIAMI FL Zip Code 33166		
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: <u>Arnold Powell</u> DATE: <u>2/23/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS DAHER, CRISTIAN 2121 PONCE DE LEON BLVD, STE 240 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date				Daytime Phone #	