

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90021 007 ***150.00

DOCUMENT # P03000077110

1. Entity Name

MANA DATA, CORP.



Principal Place of Business

15315 SW 106 TERRACE #413
 MIAMI FL 33196

Mailing Address

15315 SW 106 TERRACE #413
 MIAMI FL 33196

2. Principal Place of Business

14321 SW 88TH ST

Suite, Apt. #, etc.
 F-409

City & State
 MIAMI/FLORIDA

Zip
 33186

Country

3. Mailing Address

14321 SW 88TH ST

Suite, Apt. #, etc.
 F-409

City & State
 MIAMI/FLORIDA

Zip
 33186

Country



MOORE

CR2E034 (11/03)

4. FEI Number

37-1470815

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAPURRO, JUAN R
 15315 SW 106 TERRACE #413
 MIAMI FL 33196

7. Name and Address of New Registered Agent

Name: CAPURRO, JUAN R
 Street Address (P.O. Box Number is Not Acceptable): 14321 SW 88TH ST # F-409
 City: MIAMI FL Zip Code: 33186

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: *Juan R. Capurro*
 Signature, typed or printed name of registered agent and title if applicable.

JUAN R. CAPURRO / VICE-PRES

02-11-04

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-----------------|---------------------------|----------------|---------------------------------|
| P | ALVARADO, ALI D | 15315 SW 106 TERRACE #413 | MIAMI FL 33196 | <input type="checkbox"/> |
| V | CAPURRO, JUAN R | 15315 SW 106 TERRACE #413 | MIAMI FL 33196 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------------------|--------------------------|-----------------|--|-----------------------------------|
| P | ALVARADO, ALI D. | 14321 SW 88TH ST # F-409 | MIAMI, FL 33186 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| V | CAPURRO, JUAN R | 14321 SW 88TH ST # F-409 | MIAMI, FL 33186 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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: *Juan R. Capurro*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-11-04 (305) 383-1652
 Date Daytime Phone #