2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2005 8:00 am
Secretary of State

05-03-2005 90155 029 ***150.00

66023290

04112005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000079345

1. Entity Name
ANYDATA LATIN AMERICA, INC.

Principal Place of Business	Mailing Address
~~10540 NW 26TH STREET, STE G-107~~ ~~MIAMI, FL 33172~~ 2771 N.W. 7 st ste 604 MIAMI, FL 33126	~~10540 NW 26TH STREET, STE G-107~~ ~~MIAMI, FL 33172~~ 2771 N.W. 7 st ste 604 MIAMI, FL 33126
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 47-0942086 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHYUNG, CHIE-YOUNG 1550 MADRUGA AVE STE 415 CORAL GABLES, FL 33146	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May be Added to Fee

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: OPST ☐ Delete NAME: LEE, KYUNG M STREET ADDRESS: ~~10057 NW 66TH ST~~ 2771 N.W. 7 ST Ste 604 CITY-ST-ZIP: ~~MIAMI, FL 33178~~ MIAMI, FL 33126	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE: V ☐ Delete NAME: CHYUNG, CHIE-YOUNG STREET ADDRESS: ~~10057 NW 66TH ST~~ 2771 N.W. 7 st Ste. 604 CITY-ST-ZIP: ~~MIAMI, FL 33178~~ MIAMI, FL 33126	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP

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 all other like empowered.

SIGNATURE: _____ Apr. 26, 05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

305. 262. 9098