
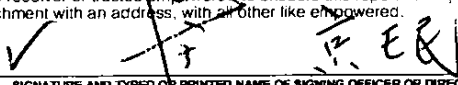


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90014 015 ***150.00

DOCUMENT # P04000079345 1. Entity Name ANYDATA LATIN AMERICA, INC.					
Principal Place of Business 2335 N.W. 107TH AVE. BUILDING 2 SHOWROOM M7 (MAIL BOX 102) DORAL, FL 33172			Mailing Address 2335 N.W. 107TH AVE. BUILDING 2 SHOWROOM M7 (MAIL BOX 102) DORAL, FL 33172		
2. Principal Place of Business - No P.O. Box # ✓ 10919 NW 80 LANE		3. Mailing Address ✓ 10919 NW 80 LANE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DORAL FL		City & State DORAL FL			
Zip 33178		Country		Zip 33178	
Country		Country			
6. Name and Address of Current Registered Agent CHYUNG, CHIE-YOUNG 1550 MADRUGA AVE STE 415 CORAL GABLES, FL 33146			7. Name and Address of New Registered Agent 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 _____ DATE _____ <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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST LEE, KYUNG M 7771 NW 7 STREET, STE 604 MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ 10919 NW 80 LANE DORAL FL 33178	<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 exemptions contained 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 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: ✓ 			APR. 17. 07 (Tel 884. 0477)		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President			Date Daytime Phone #		