


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 15, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000079345 1. Entity Name ANYDATA LATIN AMERICA, INC.	
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Principal Place of Business 10919 NW 80 LANE DORAL, FL 33178	Mailing Address 10919 NW 80 LANE DORAL, FL 33178
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03312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 47-0942086	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHYUNG, CHIE-YOUNG
1550 MADRUGA AVE STE 415
CORAL GABLES, FL 33146

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000951906
06/04/08-80058-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST LEE, KYUNG M 10919 NW 80 LANE DORAL, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CHYUNG, CHIE-YOUNG 10919 NW 80 LANE DORAL, FL 33178
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE.**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 12, 08 305.785.1266
Date Daytime Phone #