2006 FOR PROFIT CORPORATION ANNUAL REPORT

SECRETARY OF STATE DOCUMENT # P04000097112 06 APR 24 PH 12: 51 DATÁ HARDWARE SUPPLY, INC. Principal Place of Business Mailing Address 848 BRICKELL AVENUE 848 BRICKELL AVENUE **SITE 810 SITE 810** MIAMI, FL 33131 MIAMI, FL 33131 No Chg-P CR2E034 (11/05) 04202006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1731651 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LISS, RICHARD DO NOT WRITE 848 BRICKELL AVENUE **SITE 810** IN THIS SPACE MIAMI, FL 33131 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) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D TITLE LAMAR, LUIS NAME 848 BRICKELL AVENUE, SUITE 810 STREET ADDRESS 100073453241 05/01/06--01032--015 **500.00 CITY-ST-ZIP MIAMI, FL 33131 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information lebtal random 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 trustee properties to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if I hereby certify that the information indicated on this report or supplem of the corporation or the receiver of changed, or on an attachment with

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

AME OF SIGNING OFFICER OR DIRECTOR