

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90092 042 ***150.00

DOCUMENT # P04000110363

1. Entity Name
PLEXDATA GROUP, CORP.



Principal Place of Business
**10839 NW 29 ST
DORAL, FL 33172**

Mailing Address
**10839 NW 29 ST
DORAL, FL 33172**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122007

Chg-P

CR2E034 (12/06)

4. FEI Number
35-2234811

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

~~COLOMA, FERNANDO
3274 NW 38 ST
MIAMI, FL 33144~~

Name
Fernando Coloma

Street Address (P.O. Box Number is Not Acceptable)

10839 NW 29 ST

City
Doral

FL

Zip Code
33172

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 **K**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/07

**FILE NOW!!! FEES \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
**DP
COLOMA, FERNANDO
3274 NW 38 ST
MIAMI, FL 33144** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
Fernando Coloma
10839 NW 29 ST
Doral FL 33172** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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: **K**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/07 (305) 639-3445
Date Daytime Phone #