## 2005 FOR PROFIT CORPORATION

## Mar 14, 2005 8:00 am **Secretary of State** ANNUAL REPORT DOCUMENT # P04000158289 03-14-2005 90118 044 \*\*\*150.00 EMERGING DATA TECHNOLOGIES, INC. Principal Place of Business Mailing Address 50026407 12355 NE 13TH AVE 2588 SW 27TH AVE -SUITE 400 MIAMI; FL 33133-MIAMI, FL 33161 2. Principal Place of Business 3. Mailing Address 14213 SW 163rd TERRACE Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 03072005 Cha-P Applied For 4. FEI Number City & State City & State MIAMI FLORIDA 20-1907017 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33177 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRETER DIAZ CONSULTING SERVICES OF SOUTH FLORIDA, INC. Street Address (P.O. Box Number is Not Acceptable) 14213 SW 163RD TERRACE 2588 SW 27TH AVE MIAMI: FL 33133 --City Zip Code FL MIAMI 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 Lapplicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition PSD IIIŒ ☐ Delete TITLE DIAZ GRETER DIAZ. GRETAL NAME NAME 14213 SW 163rd TERRACE 12355 NE 13TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33161 CITY-ST-ZIP MIAMI FL. 33177 ☐ Addition TITI F Defete TITI F ☐ Change NAME AQUIRE, JOHNATHON STREET ADDRESS 12355 NE 13TH AVE #400 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL: 33161 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY - ST - ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 agattachment with an address, with all other like empowered.

FILED

Daytime Phone #