


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2008 8:00 am
Secretary of State

09-09-2008 90021 001 ***158.75
 09-09-2008 90021 002 *****5.00

DOCUMENT # P05000058793

1. Entity Name
ADVANCEDATA PROCESSING INC.



Principal Place of Business
**2916 PONCE DE LEON BLVD
 SECOND FLOOR
 CORAL GABLES, FL 33134**

Mailing Address
**2916 PONCE DE LEON BLVD
 SECOND FLOOR
 CORAL GABLES, FL 33134**

2. Principal Place of Business - No P.O. Box #
2211 SW 3rd Ave

3. Mailing Address
2211 SW 3rd Ave

Suite, Apt. #, etc.
Suite # 8

Suite, Apt. #, etc.
Suite # 8

City & State
Miami, FL


City & State
Miami, FL

Zip
33129

Country
DADE

Zip
33129

Country
DADE



09032008 Chg-P CR2E034 (12/06)

4. FEI Number
20-2858242

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MUGUERZA, ANGEL
 2916 PONCE DE LEON BLVD
 CORAL GABLES, FL, FL 33134**

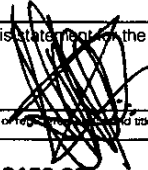
7. Name and Address of New Registered Agent

Name **Angel Muguerza**

Street Address (P.O. Box Number is Not Acceptable)
6006 SW 8th St #5

City **West Miami** FL Zip Code **33144**

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: **09/2/08**

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
 Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MUGUERZA, ANGEL 922 SW 8TH AVENUE MIAMI, FL 33130	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLANC, ANTONELA 814 SW 9TH AVE MIAMI, FL 33130	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C.F.O - Director Elena Reyes 1202 CAPRI ST Coral Gables FL, 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE: **09/02/08 - 786-486-0189**

Signature, typed or printed name of signing officer or director