2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000058793

City-St-Zip:

CORAL GABLES, FL 33134

Entity Name: ADVANCEDATA PROCESSING I

FILED Sep 09, 2009 Secretary of State

Entity Nai	me: ADVAN	CEDATA PROCESSING INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
2211 SW 3 MIAMI, FL	3 AVE, SUITE 33129	E #8	922 SW 8 AVE MIAMI, FL 33130		
Current Mailing Address:			New Mailing Address	New Mailing Address:	
2211 SW 3 MIAMI, FL	3 AVE, SUITE 33129	E #8	922 SW 8 AVE MIAMI, FL 33130		
FEI Number:	: 20-2858242	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
MUGUERZA, ANGEL 2211 SW 3 AVE, SUITE #8 WEST MIAMI, FL 33144 US			MUGUERZA, ANGEL 922 SW 8 AVE WEST MIAMI, FL 3313		
	named entit e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				09/09/2009	
	Electro	onic Signature of Registered Age	ent	Date	
		193(2)(b), F.S., the corporation did no ng Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VP MUGUERZA, 922 SW 8TH MIAMI, FL 33	AVENUE	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P BLANC, ANTO 814 SW 9TH MIAMI, FL 33	AVE	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	CFOD REYES, ELE 1202 CAPRI		Title: (Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ANGEL MUGUERZA VP 09/09/2009