

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000149618

FILED
Apr 30, 2006
Secretary of State

Entity Name: ONE STOP DATA CENTER INC.

Current Principal Place of Business:

1165 WEST 49 STREET
104/1095
HIALEAH, FL 33012

New Principal Place of Business:

2500 NW 79 AVENUE
234
DORAL, FL 33122

Current Mailing Address:

1165 WEST 49 STREET
104/1095
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 20-3759059 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VARAS, OSMEL J
1165 WEST 49 STREET
104/1095
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAESTRE, ILEANA
Address: 19631 SW 132 PLACE
City-St-Zip: MIAMI, FL 33177

Title: VP () Delete
Name: VARAS, OSMEL J
Address: 1165 WEST 49 STREET SUITE 104/1095
City-St-Zip: HIALEAH, FL 33012

Title: VP () Delete
Name: VILLARINO, LISET
Address: 6840 NW 179 STREET APT 207
City-St-Zip: HIALEAH, FL 33105

Title: SEC () Delete
Name: STOEL, LILIANA
Address: 19631 SW 132 PLACE
City-St-Zip: MIAMI, FL 33177

Title: TREA () Delete
Name: GONZALEZ, ANA MARIA
Address: 2460 NW 5 STREET
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: OSMEL J VARAS

VP

04/30/2006

Electronic Signature of Signing Officer or Director

Date