

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90035 018 ***150.00

DOCUMENT # P94000034781

1. Entity Name
STALLION DATA, INC.



Principal Place of Business
**3000 N.W. 79TH AVE.
MIAMI, FL 33122**

Mailing Address
**3000 N.W. 79TH AVE.
MIAMI, FL 33122**

2. Principal Place of Business

3. Mailing Address

3151 NW 123 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Sunrise, Fl.

Zip

Country

Zip

Country

33323

USA

03202004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-0489036

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

ZULUAGA, CELMIRA
10748 W. SECRETARIAT DR. **3151 NW 123 Ave.**
LOXAHATCHEE, FL 33470 **Sunrise, Fl. 33323**

Name

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

City

FL

Zip Code

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

[Signature]

Celmira Zuluaga

03/30/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
PD
TORRES, NELSON
10748 W. SECRETARIAT DR. **3151 NW 123 Ave.**
LOXAHATCHEE, FL 33470 **Sunrise Fl. 33323**

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

TITLE
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CITY-ST-ZIP
VD
ZULUAGA, CELMIRA
10748 W. SECRETARIAT DR. **3151 NW 123 Ave.**
LOXAHATCHEE, FL 33470 **Sunrise, Fl. 33323**

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12. 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 an attachment with an address with all other like empowered.

SIGNATURE: *X*

Nelson Torres, Pd.

03/20/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #