2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000086007

1. Entity Name
TELDAT CORP.

Principal Place of Business	Mailing Address
1001 BRICKELL BAY DRIVE STE-2810 MIAMI, FL 33131	3032 E COMMERCIAL BLVD BOX #64 FT LAUDERDALE, FL 33308

DO NOT WRITE IN THIS SPACE

01102005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0636848
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LAUFER, ALLAN E
1451 W CYPRESS CREEK RD
SUITE 300
FT. LAUDERDALE, FL 33309

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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
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
After May 1, 2005 Fee will be $550.00

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

U00000206851
02/01/05-80023-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARCOS, ANTONIO
STREET ADDRESS	PARQUE TECH DO MADRID
CITY-ST-ZIP	28760 TRES CANTOS, SPAIN,
TITLE	OD
NAME	BLAZQUEZ, ANTONIO G
STREET ADDRESS	PARQUE TECH DO MADRID
CITY-ST-ZIP	28760 TRES CANTOS, SPAIN,
TITLE	VPSM
NAME	MUNOZ, AGUSTIN
STREET ADDRESS	1001 BRICKELL BAY DR #2810
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: AGUSTIN MUNOZ 01/28/05 305.372.3480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #