

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 11, 2008 8:00 am
Secretary of State

08-11-2008 90123 003 ***150.00

DOCUMENT # P99000007792

1. Entity Name
DATUM ENTERPRISES, INC.



Principal Place of Business
**1225 BROKEN SOUND PARKWAY NW
SUITE C
BOCA RATON, FL 33487**

Mailing Address
**1225 BROKEN SOUND PARKWAY NW
SUITE C
BOCA RATON, FL 33487**



07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0895978

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SUDIT, ISAIAS PD
1225 BROKEN SOUND PARKWAY NW
SUITE C
BOCA RATON, FL 33487**

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SUDIT, ISAIAS PD
STREET ADDRESS 1225 BROKEN SOUND PARKWAY NW SUITE C
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE
NAME
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CITY-ST-ZIP

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IN THIS SPACE**

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ISAIAS SUDIT

7/9/08

Date

Daytime Phone #