

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90016 038 \*\*\*150.00

**DOCUMENT # S66496**

1. Entity Name  
**DATA CAPITAL CORP.**



Principal Place of Business

**C/O BECKER & POLIAKOFF  
5201 BLUE LAGOON DRIVE SUITE 100  
MIAMI, FL 33126**

Mailing Address

**C/O BECKER & POLIAKOFF  
5201 BLUE LAGOON DRIVE SUITE 100  
MIAMI, FL 33126**

**24005000**



01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0272623**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CAHAN, RICHARD J. ALAN  
C/O BECKER & POLIAKOFF  
5201 BLUE LAGOON DRIVE SUITE 100  
MIAMI, FL 33126**

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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 \$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**

TITLE	PD
NAME	ROBERTS, GREGORY
STREET ADDRESS	BAY STREET & VICTORIA AVE N
CITY-ST-ZIP	NASSAU, BH
TITLE	AVP
NAME	CAHAN ESQ, RICHARD J ALAN
STREET ADDRESS	5201 BLUE LAGOON DRIVE SUITE 100
CITY-ST-ZIP	MIAMI, FL 33126
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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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]* **GREGORY D. ROBERTS** 1/14/04 242-322-1751