




# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90115 047 \*\*\*150.00

|   |   |   |   |   |  |
|---|---|---|---|---|--|
| <b>DOCUMENT # S66496</b><br>1. Entity Name<br><b>DATA CAPITAL CORP.</b>   |   |   |   |    |  |
| Principal Place of Business<br><b>C/O BECKER &amp; POLIAKOFF</b><br><del>520 BLUE LAGOON DRIVE SUITE 100</del><br><del>MIAMI FL 33126</del>   |   |   |   | Mailing Address<br><b>C/O BECKER &amp; POLIAKOFF</b><br><del>520 BLUE LAGOON DRIVE SUITE 100</del><br><del>MIAMI FL 33126</del>   |  |
| 2. Principal Place of Business<br><b>121 Alhambra Plaza</b><br>Suite, Apt. #, etc.<br><b>10th Floor</b>   |   | 3. Mailing Address<br><b>121 Alhambra Plaza</b><br>Suite, Apt. #, etc.<br><b>10th Floor</b> |   | <b>20033603</b><br>   |  |
| City & State<br><b>Coral Gables, FL</b>   |   | City & State<br><b>Coral Gables, FL</b>   |   | 4. FEI Number<br><b>65-0272623</b>  |  |
| Zip<br><b>33134</b>   |   | Country<br><b>USA</b>   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CAHAN, RICHARD J. ALAN</b><br><b>C/O BECKER &amp; POLIAKOFF</b><br><del>520 BLUE LAGOON DRIVE SUITE 100</del><br><del>MIAMI FL 33126</del>  |   |   |   | 7. Name and Address of New Registered Agent<br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>121 Alhambra Plaza</b><br><b>10th Floor</b><br>City <b>Coral Gables</b> <b>FL</b> Zip Code <b>33134</b> |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |   |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>   |   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |
| 10. OFFICERS AND DIRECTORS  |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>ROBERTS, GREGORY<br>BAY STREET & VICTORIA AVE N<br>NASSAU, BH                     | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | AVP<br>CAHAN ESQ, RICHARD J ALAN<br>5201 BLUE LAGOON DRIVE SUITE 100<br>MIAMI, FL 33126 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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:   |   |   | 16 <sup>th</sup> February 2005 1-242-322-1751<br><small>Daytime Phone #</small>                                     |   |  |