

**2022 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 508968

**FILED**  
**Jul 25, 2022**  
**Secretary of State**  
**8841904525CC**

**Entity Name:** DATA ACCESS CORPORATION

**Current Principal Place of Business:**

18001 OLD CUTLER ROAD  
SUITE 431  
PALMETTO BAY, FL 33157

**Current Mailing Address:**

PO BOX 770970  
MIAMI, FL 33177 US

**FEI Number:** 59-1678681

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CASANAVE, CHARLES L III  
18001 OLD CUTLER ROAD  
#431  
PALMETTO BAY, FL 33157 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SD  
Name GARONE, TAREN  
Address 15321 SW 154 TERR  
City-State-Zip: MIAMI FL 33187

Title VP  
Name MEELEY, STEPHEN W  
Address 14724 BOYCES COVE DRIVE  
City-State-Zip: MIDLOTHIAN, VA VA 23112

Title PTD  
Name CASANAVE, CHARLES L III  
Address 8201 SW 186 ST  
City-State-Zip: MIAMI FL 33157

Title DIRECTOR  
Name CASANAVE, CORY B  
Address 12209 KYLER LANE  
City-State-Zip: HERNDON VA 20171

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** TAREN GARONE

**SD**

**07/25/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date