


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000006880 1. Entity Name DEVONAIRE COMMERCE CENTER V CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 12466 SW 128TH ST. MIAMI, FL 33186	Mailing Address 12466 SW 128TH ST. MIAMI, FL 33186
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DO NOT WRITE IN THIS SPACE

01312005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0815203	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALMENDRALES, FLAMINIO
12466 SW 128TH ST.
MIAMI, FL 33186

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALMENDRALES, FLAMINIO 12398 SW 128TH ST BAY 115 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD MEHU, WILLY 12398 SW 128TH ST BAY 102 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FUENTES, RAFAEL 12398 SW 128TH ST BAY 106 MIAMI, FL 33186
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02/05/05-80040-013 61.25

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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 617, 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: *Flaminio Almendrales* 1/31/05 305-252-1018

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #