2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000006880

FILED Apr 28, 2003 Secretary of State

Entity Name: DEVONAIRE COMMERCE CENTER V CONDOMINIUM ASSOCIATION, INC.

| Current P | rincipal Place of Business: | New Principal Place of Business: | |
|--|--|--|-------|
| 2466 SW ⁄IIAMI, FL | 128TH ST. 33186 | | |
| Current M | lailing Address: | New Mailing Address: | |
| 2466 SW ⁄IIAMI, FL | 128TH ST. 33186 | | |
| El Number | : 65-0815203 FEI Number Applied For (| FEI Number Not Applicable () Certificate of Status Desired (|) |
| Name and | I Address of Current Registered Agen | t: Name and Address of New Registered Agent: | |
| 7400 OVV | | | |
| /IIAMI, FL ⊺he above | | the purpose of changing its registered office or registered agent, or b | both, |
| /IIAMI, FL ⊺he above | 33186 named entity submits this statement for e of Florida. | the purpose of changing its registered office or registered agent, or b | both, |
| MAMI, FL The above n the State | 33186 named entity submits this statement for e of Florida. | | both, |
| MAMI, FL The above n the State SIGNATUI | 33186 named entity submits this statement for e of Florida. RE: | | |
| MAMI, FL The above n the State SIGNATUI | anamed entity submits this statement for e of Florida. RE: Electronic Signature of Registered | d Agent Date | |
| MIAMI, FL The above In the State GIGNATUI DFFICER: Italiane: Ital | anamed entity submits this statement for e of Florida. RE: Electronic Signature of Registered S AND DIRECTORS: PD () Delete MENU, WILLY 12398 SW 128TH ST BAY 102 | Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: | |

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLY MEHU PD 04/28/2003