

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000028010

**Entity Name:** DEVCODE INC**Current Principal Place of Business:**6355 NW 36TH ST SUITE 407  
VIRGINIA GARDENS, FL 33166**Current Mailing Address:**6355 NW 36TH ST SUITE 407  
VIRGINIA GARDENS, FL 33166 US**FEI Number:** 30-0988086**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TOTAL CORPORATION SERVICES, INC.  
6355 NW 356TH ST SUITE 407  
VIRGINIA GARDENS, FL 33166 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	P
Name	PINO REYES, JUAN J
Address	6355 NW 36TH ST SUITE 407
City-State-Zip:	VIRGINIA GARDENS FL 33166

Title	T
Name	DOMINGUEZ CALVA, RONALD R
Address	6355 NW 36TH ST SUITE 407
City-State-Zip:	VIRGINIA GARDENS FL 33166

Title	VP
Name	GRADOS CABALLERO, JULIO G
Address	6355 NW 36TH ST SUITE 407
City-State-Zip:	VIRGINIA GARDENS FL 33166

Title	S
Name	ACUNA PERALTA, VIRGILIO
Address	6355 NW 36TH ST SUITE 407
City-State-Zip:	VIRGINIA GARDENS FL 33166

Title	D
Name	MUNGUIA CRUZ, OCTAVIO E
Address	MARGARITAS 46, JARDINES DEL MOLINO
City-State-Zip:	NAUCALPAN,ESTADO DE MEXICO CP 53530

*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:** JUAN J PINO REYES

P

04/30/2021

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