

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90014 044 ***150.00

DOCUMENT # M49928

1. Entity Name
DEVIRIN, INC.



Principal Place of Business
**P.O. BOX 49
MIDDLEBERG, FL 32068 US**

Mailing Address
**P. O. BOX 49
MIDDLEBURG, FL 32068 US**

04000001



04122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1674120	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MAYERS, ALEXANDER
2121 N. OCEAN BLVD.
APT. 1007-E
BOCA RATON, FL 33431**

**DO NOT WRITE
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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARTNER, MICHAEL 104 WINDMILL CRESCENT MONTREAL, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYERS, ALEXANDER 2121 N. OCEAN BLVD 1007E BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST MAYERS, LORNE 1002 SHERBROOKE ST. W., SUITE 2625 MONTREAL CANADA, h3a j3l6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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 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: *M Gartner* **MICHAEL GARTNER** APRIL 12/04 514-845-0241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #