


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N13562 1. Entity Name DEVONAIRE COMMERCE CENTER IV CONDOMINIUM, INC.	
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Principal Place of Business C/O GROUP CADICORP, INC. 7154-B SOUTHWEST 47 STREET MIAMI, FL 33155 US	Mailing Address 7154-B SW 47TH ST. MIAMI, FL 31555 US
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02012005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2838029	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent DEVONAIRE MANAGEMENT AND OFFICE SUPPORT, I 12462 SW 128TH STREET MIAM, FL 33186
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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 _____
Signature, typed or printed name of registered agent and title if applicable (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 ☐ **\$5.00 May Be
Added to Fees**

000000215448
02/05/05-80009-013 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TEESE, WILLIAM A PRESIDE 11491-C SW 109TH ROAD MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEREZ, ANGEL L VICE-PR 12459 SW 130TH STREET # 3 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HAZZARD, JOHN SECRETA 12459 SW 130TH STREET # 20 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR CHONG, ANDRES TREASUR 12459 SW 130TH STREET # 13 MIAMI, FL 33186
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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/05 305 852-1077
Date Daytime Phone #