2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N48958

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

Current Principal Place of Business:

12464 SW 128 ST
MIAMI, FL 33186

New Principal Place of Business:

12466 SW 128 ST
MIAMI, FL 33186

Current Mailing Address:

12464 SW 128 ST
MIAMI, FL 33186

New Mailing Address:

12466 SW 128 ST
MIAMI, FL 33186

FEI Number: 65-0340877 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, LANCELOT
12464 SW 128 ST
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ESTEVE, ERNESTO A
Address: 12466 SW 128 ST
City-St-Zip: MIAMI, FL

Title: SD ( ) Delete
Name: BEREBITSKY, ED
Address: 12468 S.W. 128 STREET
City-St-Zip: MIAMI, FL 33186

Title: TD ( ) Delete
Name: WILLIAMS, LANCELOT
Address: 12464 S.W. 128 STREET
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete
Name: WILLIAMS, LANCELOT,
Address: 12464 SW 128 ST
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: LANCELOT WILLIAMS PD 04/30/2004

Electronic Signature of Signing Officer or Director — Date