2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 25, 2004 8:00 am Secretary of State

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DOCUMENT # N9600005581 1. Entity Name DEVONAIRE COMMERCE CENTER III CONDOMINIUM ASSOCIATION, INC.							(03-25-2004	90030	001 ****6	51.25
Principal Place of Business 12513 SW 130TH ST MIAMI, FL 33186			Mailing Address 12513 SW 130TH ST MIAMI, FL 33186						34 4	ប្រជាប្រ	3
2. Principal Place of Business 12517 5w 130 th ST			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03172004 C	thg-NP	CR2E	037 (10/03)	
City & State Miami: FL			City & State			4. FEI Number Applied For 65-0710659 Not Applicable					
Zip 33186	Zip Country		Zip Co		ntry		5. Certificate of S			\$8.75 Add	ditional
6. Name and Address of Current R			Registered Agent			1	7. Name and Address of New Registered Agent				
	0. Hanto	<u> </u>	negiotorea regent		Name 🖍	,				Agent	
GOMEZ, GI 12513 SW 1	130TH ST			Name GRISELDA DE LA O. Street Address (P.O. Box Number is Not Acceptable) 12517 Sw /30th 57							
MIAMI, FL	33136			-		<u>۲۷</u> ۲۰۰۰		77 57			
					City				FI	L Zip Cod	186
8. The above r	named entity	submits this statement fo	or the purpose of changing its	registere	d office or re	registere	ed agent, or both, in	the State of Flo	orida. I an	n familiar with,	and accept
the obligation	ons of registe	ered agent.	<i>(</i> -								
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SIGNATUREs	Signature, typed	or printed name of registered agent	and title if applicable. (NOTE		Agent signature	De e required	when reinstating)		3/I	7/φ+	
s	Filing Fe	or printed name of registered agent e is \$61.25 lay 1, 2004	and title if applicable. (NOTE 9. Election Can Trust Fund C	Registered	Agent signature		when reinstating) \$5.00 May Be Added to Fees		DATE	γ / φ Ψ ck payable to artment of Si	
s	Filing Fe	e is \$61.25	9. Election Can Trust Fund C	Registered	Agent signature		\$5.00 May Be	Flori	DATE lake checida Depa	ck payable to	tate
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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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS 15077 S.W. 103RD TERRACE, APT. 8101

MIAMI, FL.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/04 (305)255573