


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N96000005581	
1. Entity Name DEVONAIRE COMMERCE CENTER III CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 12517 SW 130TH ST. MIAMI, FL 33186	Mailing Address 12513 SW 130TH ST MIAMI, FL 33186
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04122005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0710659	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  DE LA O, GRISELDA 12517 SW 130TH ST. MIAMI, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature is typed or printed name of registered agent and title, if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2005**

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 DE LA O, GRISELDA 12517 SW 130TH ST. MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD DE LA O, FRANCISCO 12517 SW 130TH ST. MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR GOMEZ, RAFAEL 12509 SW 130TH ST. MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S INA, CARLOS 1507 SW 130TH ST. MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000323357  
04/22/05-80050-014 61.25

**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)(f), 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

Date 4/20/05 Daytime Phone # \_\_\_\_\_