

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90393 040 ****61.25

DOCUMENT # N97000005345

1. Entity Name
 DEVONAIRE COMMERCE CENTER II CONDOMINIUM ASSOCIATION, INC.



4003200

Principal Place of Business
 12466 SW 128 STREET
 MIAMI, FL 33186

Mailing Address
 12466 SW 128 STREET
 MIAMI, FL 33186

2. Principal Place of Business
 4315 NW 7 Street

3. Mailing Address
 4315 NW 7 Street

Suite, Apt. #, etc.
 Suite # 30-D

Suite, Apt. #, etc.
 # 30-D

City & State
 Miami Florida

City & State
 Miami Florida

Zip
 33126

Country
 USA

Zip
 33126

Country
 USA



04112006 Chg-NP CR2E037 (11/05)

4. FEI Number
 65-0797538

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 MARMORSTEIN, ELMER
 12466 SW 128 STREET
 MIAMI, FL 33186

7. Name and Address of New Registered Agent
 Name Luis Centurion
 Street Address (P.O. Box Number is Not Accepted) 4315 NW 7 Street
 Suite # 30-D
 City Miami FL 33126

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 *Luis Centurion* P.D. DATE 4-11-06

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, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIRALDO, FRANCISCO 12533 SW 128 STREET MIAMI, FL 33186 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Luis Centurion 12522 SW 128 street Miami FL 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD CENTURION, LUIS 12522 SW 128 STREET MIAMI, FL 33186 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Oscar Delgado 12522 SW 128 street Miami FL 33186 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARMORSTEIN, ELMER 12466 SW 128 STREET MIAMI, FL 33186 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Francisco Giraldo 12518 SW 128 street Miami FL 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARQUEZ, ALBERTO 12512 SW 128 STREET MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Alberto Marquez 12512 SW 128 street Miami FL 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEALE, LOUIS 12512 SW 128 STREET MIAMI, FL 33186 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Luis Centurion* Luis Centurion DATE: 4/11/06 DAYTIME PHONE: 786-5525766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *