



**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N97000005345</b> 1. Entity Name DEVONAIRE COMMERCE CENTER II CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 4315 NW 7 ST STE 30-D MIAMI, FL 33126	Mailing Address 4315 NW 7 ST STE 30-D MIAMI, FL 33126
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**DO NOT WRITE IN THIS SPACE**



03082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0797538	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CENTRURION, LUIS  
4315 NW 7TH ST  
STE 30-D  
MIAMI, FL 33126

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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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CENTRURION, LUIS 12522 SW 128 ST MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DELGADO, OSCAR 12532 SW 128 ST MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIRALDO, FRANCISCO 12518 SW 128 ST MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARQUEZ, ALBERTO 12512 SW 128 ST MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000674887  
03/29/07-80081-014 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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:** *Low M. Bateman* **3/10/07** **7865525766**

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