## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000005345

FILED Jul 26, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

6425 SW 32 STREET MIAMI, FL 33155

Current Mailing Address: New Mailing Address:

6425 SW 32 STREET MIAMI, FL 33155

FEI Number: 65-0797538 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CENTRURION, LUIS

12522 SW 128TH STREET

MIAMI, FL 33186 US

CENTURION, LUIS

12522 SW 128TH STREET

MIAMI, FL 33186 US

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: LUIS M CENTURION 07/26/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 CENTRURION, LUIS
 Name:
 CENTURION, LUIS

 Address:
 12522 SW 128 ST
 Address:
 12522 SW 128 ST

 City-St-Zip:
 MIAMI, FL 33186
 City-St-Zip:
 MIAMI, FL 33186

Title: VP ( ) Delete Title: ( ) Change ( ) Addition Name: DELGADO, OSCAR Name:

 Name:
 DELGADO, OSCAR
 Name:

 Address:
 12532 SW 128 ST
 Address:

 City-St-Zip:
 MIAMI, FL 33186
 City-St-Zip:

 Name:
 GIRALDO, FRANCISCO
 Name:
 MARQUEZ, ALBERTO

 Address:
 12518 SW 128 ST
 Address:
 12512 SW 128TH STREET

City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33186

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 MARQUEZ, ALBERTO
 Name:

 Address:
 12512 SW 128 ST
 Address:

 City-St-Zip:
 MIAMI, FL 33186
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LUIS M CENTURION PD 07/26/2009