## 2004 NOT-FOR-PROFIT CORPORATION

## FILED ANNUAL REPORT Feb 19, 2004 08:00 AM DOCUMENT # N97000005989 **Secretary of State DEVONAIRE COMMERCE CENTER VI CONDOMINIUM** ASSOCIATION, INC. Principal Place of Business Mailing Address 12496 S.W. 128TH STREET 12496 S.W. 128TH STREET BAY 108 **BAY 108** MIAMI, FL 33186 MIAMI, FL 33186 01292004 No Cha-NP CR2E037 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0813893 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MORGADO, ANDRES L DO NOT WRITE 12496 SW 128 ST 108 MIAMI, FL 33186 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2004 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TETE E NAME MORGADO, ANDRES L STREET ADDRESS 12496 SW 128 ST 108 CITY-ST-ZIP MIAMI, FL 33186 U00000058090 02/20/04-80016-004 61.25 TITLE NAME MEJIA, ALBERTO STREET ADDRESS 12496 SW 128 ST #105 CITY-ST-ZIP MIAMI, FL 33186 TITLE NAME OVALLE, GEORGE STREET ADDRESS 12496 SW 128 ST #103 DO NOT WRITE CITY-ST-ZIP MIAMI, FL 33186 TITLE IN THIS SPACE NAME MORGADO, SONIA STREET ADDRESS 12496 SW 128 ST #108

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 of 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:

City-St-ZIP

MILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

MIAMI, FL 33186

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-253-636K