


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 11, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # N97000005989</b> 1. Entity Name <b>DEVONAIRE COMMERCE CENTER VI CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>12496 S.W. 128TH STREET BAY 108 MIAMI, FL 33186</b>	Mailing Address <b>12496 S.W. 128TH STREET BAY 108 MIAMI, FL 33186</b>
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03292005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0813893</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>MORGADO, ANDRES L 12496 SW 128 ST 108 MIAMI, FL 33186</b>
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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 \_\_\_\_\_  
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, 2005**

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

U00000299266

04/11/05-80038-024 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORGADO, ANDRES L 12496 SW 128 ST 108 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MEJIA, ALBERTO 12496 SW 128 ST #105 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OVALLE, GEORGE 12496 SW 128 ST #103 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORGADO, SONIA 12496 SW 128 ST #108 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(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 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:** *Andres Morgado SD*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/29/05*  
Date

*305-301-2801*  
Daytime Phone #