

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000005989

1. Entity Name

**DEVONAIRE COMMERCE CENTER VI CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

**12496 S.W. 128TH STREET
BAY 108
MIAMI, FL 33186**

Mailing Address

**12496 S.W. 128TH STREET
BAY 108
MIAMI, FL 33186**



04242006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
65-0813893**

**Applied For
Not Applicable**

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MORGADO, ANDRES L
12496 SW 128 ST 108
MIAMI, FL 33186**

**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, 2006**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE PD
NAME MORGADO, ANDRES L
STREET ADDRESS 12496 SW 128 ST 108
CITY-ST-ZIP MIAMI, FL 33186**

**TITLE VPD
NAME MEJIA, ALBERTO
STREET ADDRESS 12496 SW 128 ST #105
CITY-ST-ZIP MIAMI, FL 33186**

**TITLE TD
NAME OVALLE, GEORGE
STREET ADDRESS 12496 SW 128 ST #103
CITY-ST-ZIP MIAMI, FL 33186**

**TITLE SD
NAME MORGADO, SONIA
STREET ADDRESS 12496 SW 128 ST #108
CITY-ST-ZIP MIAMI, FL 33186**

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

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

U000000534931
05/08/06-80032-018 70.00

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/06

Date

305-253-6366

Daytime Phone #