


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90408 047 ****61.25

DOCUMENT # N99000001425

1. Entity Name
 DEVONAIRE COMMERCE CENTER VII CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 12466 S.W. 128TH STREET
 MIAMI, FL 33186

Mailing Address
 12466 S.W. 128TH STREET
 MIAMI, FL 33186

50008466

2. Principal Place of Business
 12500 SW 130th St
 Suite, Apt. #, etc.
 Bay 19

3. Mailing Address
 12500 SW 130th St Box 19
 Suite, Apt. #, etc.

City & State
 miami FL

City & State
 miami FL

Zip
 33178

Country

Zip
 33186

Country



03222006 Chg-NP CR2E037 (11/05)

4. FEI Number
 65-0909468

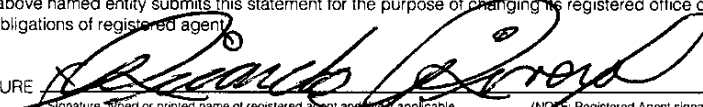
Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MARMORSTEIN, ELMER
 12466 S.W. 128TH STREET
 MIAMI, FL 33186

7. Name and Address of New Registered Agent
 Name: Ricardo Rivera
 Street Address (P.O. Box Number is Not Acceptable): 12500 SW 130th Street Bay 19
 City: miami FL Zip Code: 33178

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:  DATE: 3-30-06

Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

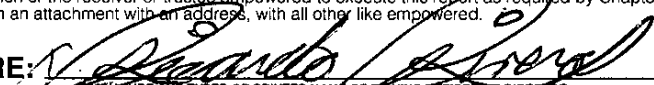
Filing Fee is \$61.25 Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	RIVERA, RICARDO 12500 SW 130 ST #19-19 MIAMI, FL 33186	TITLE President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD	MATOS, ALGIS 12540 SW 130 ST #10 MIAMI, FL 33186	TITLE Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD	OLIVETOS, LOUISA 12540 SW 130 ST #4 MIAMI, FL 33186	TITLE Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	BARRIOS, ELIDA 12500 SW 130 ST #22 MIAMI, FL 33186	TITLE Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: 3-30-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #