

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90129 020 ***158.75

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DOCUMENT # P01000055220 1. Entity Name DEVSTREET INC					
Principal Place of Business 3325 S. UNIVERSITY DR SUITE 106 FORT LAUDERDALE, FL 33328			Mailing Address 3325 S. UNIVERSITY DR., STE 106 FORT LAUDERDALE, FL 33328		
2. Principal Place of Business 7890 PETERS ROAD <small>Suite, Apt. #, etc.</small> BUILDING G SUITE 102 <small>City & State</small> PLANTATION FL <small>Zip</small> 33324 <small>Country</small> USA		3. Mailing Address 7890 PETERS ROAD <small>Suite, Apt. #, etc.</small> BUILDING G SUITE 102 <small>City & State</small> PLANTATION FL <small>Zip</small> 33324 <small>Country</small> USA			
4. FEI Number 65-1129860			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			03172005 Chg-P CR2E034 (10/03)		
6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 660 EAST JEFFERSON STREET TALLAHASSEE, FL 32301-0000			7. Name and Address of New Registered Agent <small>Name</small> Waldman Feluren Hildebrandt + Triggoff P.A. <small>Street Address (P.O. Box Number is Not Acceptable)</small> 2200 N. Commerce Parkway Suite 202 <small>City</small> Weston <small>FL</small> <small>Zip Code</small> 33326		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> SIGNATURE <i>[Signature]</i>, President <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 35%; text-align: right;"> 3-17-05 <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	D DIMON, DONALD 3325 S. UNIVERSITY DR., STE 106 FORT LAUDERDALE, FL 33328	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	D, P DONALD DIMON 7890 PETERS ROAD BUILDING G SUITE 102 PLANTATION FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/17/05 954-370-6725 <small>Date</small> <small>Daytime Phone #</small>		