

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90244 045 ***158.75

DOCUMENT # P01000055220					
1. Entity Name DEVSTREET INC					
Principal Place of Business 8000 PETERS ROAD BUILDING A SUITE 100 PLANTATION, FL 33324			Mailing Address 8000 PETERS ROAD BUILDING A SUITE 100 PLANTATION, FL 33324		
2. Principal Place of Business - No P.O. Box # 411 N NEW RIVER DR E		3. Mailing Address 411 N NEW RIVER DR E			
Suite, Apt. #, etc. # 3203		Suite, Apt. #, etc. # 3203			
City & State FORT LAUDERDALE FL		City & State FORT LAUDERDALE, FL		4. FEI Number 65-1129860	
Zip 33301		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALDMAN FELURAN HILDEBRANDT & TRIGDOFT PA 2200 N. COMMERCE PKWY SUITE 202 WESTON, FL 33326			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: 1/4/07					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P DIMON, DONALD 8000 PETERS ROAD BLDG A SUITE 100 PLANTATION, FL 33324		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DONALD DIMON 411 N. NEW RIVER DR E UNIT 3203 FORT LAUDERDALE, FL 33301	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOSE LUIS URIBE 13702 NW 11TH CT PEMBROKE PINES, FL 33028	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 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:			Date: 1/4/07 954 Daytime Phone #: 682 5558		