
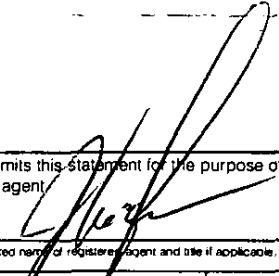
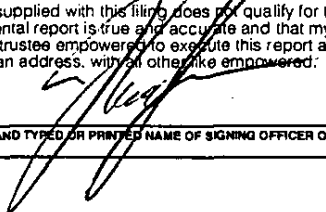


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90080 049 ***150.00

| | | | | | |
|--|---------------------------------------|--|--|---|--|
| DOCUMENT # P01000056957 1. Entity Name DEVIEU CORP. | | | |  | |
| Principal Place of Business 8560 SW 8 ST MIAMI, FL 33144 | | | | Mailing Address 8560 SW 8 ST MIAMI, FL 33144 | |
| 2. Principal Place of Business 13155 SW 42 Street Suite, Apt. #, etc. Suite 101 | | 3. Mailing Address 13155 SW 42 Street Suite, Apt. #, etc. Suite 101 | |  | |
| City & State Miami, FL | | City & State Miami, FL | | 4. FEI Number 65-1126566 | |
| Zip 33175 | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DOMINGUEZ, JORGE L 8560 SW 8TH STREET MIAMI, FL 33144 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 13155 SW 42nd Street Suite 101 City Miami FL Zip Code 33175 | |
| 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 4/26/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 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 | | |
| TITLE PT | NAME DOMINGUEZ, JORGE L DMD | | TITLE 13155 SW 42 Str., #101 | NAME Miami, FL 33175 | |
| STREET ADDRESS 8560 SW 8 ST | CITY-ST-ZIP MIAMI, FL 33144 | | STREET ADDRESS 13155 SW 42 Str. #101 | CITY-ST-ZIP Miami, FL 33175 | |
| TITLE VPSD | NAME MACHADO-DOMINGUEZ, ANA | | TITLE 13155 SW 42 Str. #101 | NAME Miami, FL 33175 | |
| STREET ADDRESS 8560 SW 8 ST | CITY-ST-ZIP MIAMI, FL 33144 | | STREET ADDRESS 13155 SW 42 Str. #101 | CITY-ST-ZIP Miami, FL 33175 | |
| TITLE NAME | STREET ADDRESS CITY-ST-ZIP | | TITLE NAME | STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME | STREET ADDRESS CITY-ST-ZIP | | TITLE NAME | STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME | STREET ADDRESS CITY-ST-ZIP | | TITLE NAME | STREET ADDRESS CITY-ST-ZIP | |
| 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, without other like empowered. | | | | | |
| SIGNATURE:  | | | 305-222-8999 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |