


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90335 046 ***150.00

DOCUMENT # P01000056957 1. Entity Name DEVVIEW CORP.																													
Principal Place of Business 13155 SW 42 ST SUITE 101 MIAMI, FL 33175			Mailing Address 13155 SW 42 ST SUITE 101 MIAMI, FL 33175																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip Country		City & State Zip Country		4. FEI Number 65-1126566 Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04012008 Chg-P CR2E034 (12/06)																									
6. Name and Address of Current Registered Agent DOMINGUEZ, JORGE L 13155 SW 42ND ST SUITE 101 MIAMI, FL 33175			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;">PT</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DOMINGUEZ, JORGE L DMD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13155 SW 42 STR., #101</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33175</td> <td></td> </tr> </table>			TITLE	PT	<input type="checkbox"/> Delete	NAME	DOMINGUEZ, JORGE L DMD		STREET ADDRESS	13155 SW 42 STR., #101		CITY-ST-ZIP	MIAMI, FL 33175		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-222-8999

Daytime Phone #