

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000040547

FILED
Jul 06, 2004
Secretary of State

Entity Name: DEVONSHIRE TRADING, INC.

Current Principal Place of Business:

3300 NE 191ST ST.
1216
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

3300 NE 191ST ST.
1216
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 75-3102283 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, AUDREY
3300 NE 191ST ST. #1216
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COHEN, AUDREY
Address: 3300 NE 191ST ST. #1216
City-St-Zip: AVENTURA, FL 33180

Title: VP () Delete
Name: COHEN, PATRICIA
Address: 3000 ISLAND BLVD. #2303
City-St-Zip: AVENTURA, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AUDREY COHEN

PRES

07/06/2004

Electronic Signature of Signing Officer or Director

_____ Date