UNIFORM BUSINESS REPORT (UBR)

2003 FOR PROFIT CORPORATION



FILED Mar 24, 2003 8:00 am Secretary of State

03-03-2003 90425 012 ***150 00

1. Entity Name DEVONSHIRE TRADING, INC.	+0547			03 03 2003 30	125 012	130.00	
2831 NE 185 ST #605 2831	ng Address F NE 185 ST #605 NTURA FL 33180						
2. Principal Place of Business 3. Ma	iling Address	191875					
<u> </u>	te, Apt. #, etc.	1913131	۰ -	CHECK HERE IF MAK	KING CHANGE	S	
EL HUELDHUT E	& State AU	emira	4. FEI Number 75-3	102283	-	Applied For Not Applicable	
33180 COUNTY 3	5180	AZÜ	. 1	Status Desired	- \$8.75 Ar Fee Requir		
6. Name and Address of Current Registers	od Ageni	Name O	7. Name and A	Address of New Register	red Agent		$\frac{1}{2}$
COHEN, AUDREY 2831 NE 185 ST #605		Street Address		is Not Acceptable)			1
AVENTURA FL 33180		3300	NF	1915 57	#12	16	1
•		Prior	TURA	· · · · · · · · · · · · · · · · · · ·	FL ZipS	318	$\frac{1}{2}$
The above named entity submits this statement or the purp the obligations of agistered agent.	ose of changing its regis	stered office or registe	ered agent, or both,	in the State of Florida.			
SIGNATURE Signature, typed or printed name of registered agent and title it app	Mcable. (NOTE: Regi	200 CO	1eN d when reinstating)	2-i	₽ <i>O</i> − <i>O</i>	3	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			· •	ion Campaign Financing Fund Contribution.		00 May Be d to Fees	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTO		11.	Trust	. •	☐ Adde	d to Fees	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		11. TITLE NAME STREET ADDRESS	Trust	Fund Contribution.	☐ Adde	d to Fees	4 (10/02)
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTOR TITLE PRESIDENT AND RES COHEN STREET ADDRESS 3300 NE 19175T # CITY-ST-ZIP AVENTURA FL 33	Delete 121 6 18 0	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trust	Fund Contribution.	AND DIRECTOR	d to Fees IS IN 11 Addition	2E034 (10/02)
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTOR TITLE PRESIDENT AND OFFICERS AND DIRECTOR OFFICERS AND DIRECT	□ Delete 121 6 18 0 □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Trust	Fund Contribution.	And DIRECTOR	d to Fees	CR2E034 (10/02)
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTOR TITLE PRESIDENT CO HEN STREET ADDRESS CITY-ST-ZIP PATRICIA COHEN	□ Delete 121 6 18 0 □ Delete 0 #3303	TITLE NAME STREET ADDRESS GIY-ST-ZIP TITLE	Trust	Fund Contribution.	AND DIRECTOR	d to Fees IS IN 11 Addition	CR2E034 (10/02)
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTOR TITLE NAME AUDRES 3300 NE 19175T # CITY-ST-ZIP AUCTURA FL 33 TITLE PATRICIA COHEN VICE PRESIDENT SIPRET ADDRESS 3000 ISLANO BLUE	□ Delete 121 6 18 0 □ Delete 0 #2303	TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE	Trust	Fund Contribution.	AND DIRECTOR	d to Fees IS IN 11 Addition	CR2E034 (10/02)
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTOR TITLE NAME AUDREY COHRN STREET ADDRESS CITY-ST-ZIP PATRICIA COHRN VICE PRESIDENT STREET ADDRESS 3000 ISLAND BLUE CITY-ST-ZIP AUPTURA FL 3316 TITLE	□ Delete 1216 180 □ Delete 0 #2303	TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Trust	Fund Contribution.	AND DIRECTOR Change	d to Fees IS IN 11 Addition Addition	CR2E034 (10/02)
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indicated on this report or supetemental report is true and accurate and that my signature shall have the same legal effect as if made under out; that I am an officer or director of the corporation or the receiver or trustee empowered of 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 tike empowered.

SIGNATURE:

BILLIONER EXTENSIONES YTED NAME OF SIGNING OFFICER OR DIRECTOR

9-30-03 Data