2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000113056

Title:

Name: Address:

City-St-Zip:

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FILED Jan 31, 2009 Secretary of State

Entity Name: DEVA TEAM INTERNATIONAL, CORP. **Current Principal Place of Business: New Principal Place of Business:** 4995 NW 72 AVENUE 4995 NW 72 AVENUE SUITE 205 STE 205 MIAMI, FL 33166 MIAMI, FL 33166 **Current Mailing Address: New Mailing Address:** 9100 S DADELAND BLVD STE 912 MIAMI, FL 33156 US FEI Number: 43-1988174 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PIEDRA, AURELIO A 9100 S DADELAND BLVD STE 912 MIAMI, FL 33156 US 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: (X) Change () Addition () Delete Title: VARGAS, RUBEN D GALICIA VARGAS, RUBEN D Name: Name: 4995 NW 72 AVE 4995 NW 72 AVE Address: Address: City-St-Zip: MIAMI, FL 33166 City-St-Zip: MIAMI, FL 33166 Title: Title: () Delete (X) Change () Addition Name: ROJAS, MARIA D Name: ROJAS DE GALICIA, MARIA D 4995 NW 72 AVENUE 4995 NW 72 AVENUE Address: Address: MIAMI, FL 33166 MIAMI, FL 33166 City-St-Zip: City-St-Zip: () Delete Title: Title: (X) Change () Addition ROJAS, RUBENS E GALICIA ROJAS, RUBENS E Name: Name: 4995 NW 72 AVENUE 4995 NW 72 AVENUE Address: Address: City-St-Zip: MIAMI, FL 33166 City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: GALICIA VARGAS RUBEN DANILO 0 01/31/2009

() Change (X) Addition

GALICIA ROJAS, DIEGO J

MIAMI, FL 33166

4995 NW 72ND. AVENUE SUITE 205