## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Jun 02, 2004 8:00 am Secretary of State **DOCUMENT # P03000155993** 05-04-2004 90158 035 \*\*\*150 00 1. Entity Name **DEVEN-BRYSTON INVESTMENT GROUP INC** Principal Place of Business Mailing Address 00479314 9205 SW 58TH AVENUE 17682 SEALAKES DRIVE PINECREST., FL 33156 BOCA RATON, FL 33498 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04292004 CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 20-0504916 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BUDNER, MORDECAI Street Address (P.O. Box Number is Not Acceptable) 17682 SEALAKES DRIVE-BOCA RATON, FL 33498 . as : City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOWILL FEE IS \$150,00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. m : Delete TM F ☐ Change Addition | MORALES, STEVE NAME NAME STREET ADDRESS **9205 SW 58TH AVENUE** STREET ADORESS CITY-ST-ZIP PINECREST, FL 33156 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP .... Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY-ST-ZIP TILE C Delete TITLE Change Addition . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TTLE [1] Change [ ] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change NAME NAME STREET ADDRESS 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, with all other like empowered.

SIGNATURE:

4/48/04

FILED

Davima Phone #