

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90169 019 \*\*\*150.00

<b>DOCUMENT # P04000172632</b>					
<b>1. Entity Name</b> DEVIS INTERNATIONAL CORP.					
<b>Principal Place of Business</b> 10350 SW 216 ST #301 MIAMI, FL 33190			<b>Mailing Address</b> 10350 SW 216 ST #301 MIAMI, FL 33190		
<b>2. Principal Place of Business</b> 9359 SW 221 way Suite, Apt. #, etc. 9359		<b>3. Mailing Address</b> 9359 SW 221 way Suite, Apt. #, etc.			
City & State Miami FL		City & State Miami FL		<b>4. FEI Number</b> 20-2340524	
Zip 33190		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> DICURU, VLADIMIR J 10350 SW 216 ST #301 MIAMI, FL 33190			<b>7. Name and Address of New Registered Agent</b> Name: <u>Dicuru, Vladimir</u> Street Address (P.O. Box Number is Not Acceptable): <u>9359 SW 221 way</u> City: <u>Miami</u> FL Zip Code: <u>33190</u>		
<b>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.</b>					
SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DICURU, VLADIMIR J 10350 SW 216 ST # 301 MIAMI, FL 33190		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Dicuru Vladimir</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>9359 SW 221 way</u> <u>Miami FL 33190</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONZALEZ, ELIMAR C 10350 SW 216 ST # 301 MIAMI, FL 33190		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Elimar Gonzalez</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>9359 SW 221 way</u> <u>Miami FL 33190</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4-27-06</u> Daytime Phone # _____		