


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90207 009 ***150.00

DOCUMENT # P04000172632 1. Entity Name DEVIS INTERNATIONAL CORP.	
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60035368



04282008 Chg-P CR2E034 (12/06)

Principal Place of Business 9359 SW 221 WAY MIAMI, FL 33190	Mailing Address 9359 SW 221 WAY MIAMI, FL 33190
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2. Principal Place of Business - No P.O. Box # 7535 NW 113 ct	3. Mailing Address 7535 NW 113 ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Doral Florida	City & State Doral Florida
Zip 33178	Country Dade
Zip 33178	Country Dade

4. FEI Number 20-2340524	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DICURU, VLADIMIR J 9359 SW 221 WAY MIAMI, FL 33190	7. Name and Address of New Registered Agent Name Dicuru, Vladimir Street Address (P.O. Box Number is Not Acceptable) 7535 NW 113 ct City Doral FL Zip Code 33178
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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 re-issuing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DICURU, VLADIMIR J 9359 SW 221 WAY MIAMI, FL 33190 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Dicuru, Vladimir 7535 NW 113 ct. Doral FL 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONZALEZ, ELIMAR C 9359 SW 221 WAY MIAMI, FL 33190 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Gonzalez Elimar 7535 NW 113 ct Doral FL 33178 <input checked="" 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
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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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-08 786 2008339

Date

Daytime Phone #