


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 12, 2007 08:00 A
Secretary of State

DOCUMENT # 327539
 1. Entity Name
DEIL REALTY, INC.



Principal Place of Business 7827 N.W. 53RD STREET MIAMI, FL 33166	Mailing Address 7827 N.W. 53RD STREET MIAMI, FL 33166
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DO NOT WRITE IN THIS SPACE



02282007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1230676	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EISENBERG, STEWART
 7827 N.W. 53RD ST.
 MIAMI, FL 33166

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EISENBERG, STEWART 7827 N W 53RD ST MIAMI, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD EISENBERG, DEAN 7827 N W 53RD ST MIAMI, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EISENBERG, NEIL 7827 NW 53RD STREET MIAMI, FL
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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, withdrawal or other like empowered.

SIGNATURE: *Stewart Eisenberg* 3/5/07 305-591-2052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #