
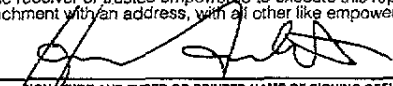


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J00158</b> 1. Entity Name DELEK I, INC.		
Principal Place of Business C/O HERBERT FIELDS M.D. 7220 SOUTH PRESTWICK PLACE MIAMI LAKES, FL 33014	Mailing Address C/O HERBERT FIELDS M.D. 7220 SOUTH PRESTWICK PLACE MIAMI LAKES, FL 33014	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  FIELDS, HERBERT M.D. 7220 S PRESTWICK PLACE MIAMI LAKES, FL 33014		<b>DO NOT WRITE IN THIS SPACE</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.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> _____ DATE _____		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIELDS, HERBERT 7220 S. PRESTWICK PLACE MIAMI LAKES, FL 33014	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRODY, MARTIN 1325 NE 171 STREET NORTH MIAMI, FL 33162	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LALAR, LESTER 12150 SW 92 AVENUE MIAMI, FL 33176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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		01-10-06 Date Daytime Phone #



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2644202	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

U00000558178  
05/17/06-80085-008 150.00

**DO NOT WRITE  
IN THIS SPACE**