

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000041078

1. Entity Name  
DEERFIELD INVESTMENT CORP.



Principal Place of Business  
1012 N. OCEAN BOULEVARD  
APT. 104 AND 105  
POMPANO BEACH, FL 33062

Mailing Address  
1012 N. OCEAN BOULEVARD  
APT. 104 AND 105  
POMPANO BEACH, FL 33062



01062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1112779	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**

ULRICH, NORBERT M  
1012 N. OCEAN BOULEVARD  
APT. 104 AND 105  
POMPANO BEACH, FL 33062

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

U00000222854

02/10/05-80022-001 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PC
NAME	ULRICH, NORBERT M
STREET ADDRESS	1012 N. OCEAN BLVD. #104 & 105
CITY-ST-ZIP	POMPANO BEACH, FL 33062

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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IN THIS SPACE**

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Norbert M. Ulrich* Norbert M. Ulrich 02/05/05 954 943 8004