


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000119640 1. Entity Name CORPORATE SUN OF DEERFIELD, INC.	
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Principal Place of Business 3845 HILLSBORO BLVD. DEERFIELD BEACH, FL 33441	Mailing Address 460 CONCHESTER HWY. 2ND FLR. ASTON, PA 19014
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01122005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 52-2351283	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  JOHNSON, ROBERT C 3020 N 32ND ST. APT. 725 FORT LAUDERDALE, FL 33308
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**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 <i>Robert C. Johnson</i>	DATE <i>1-17-2005</i>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, ROBERT C 480A BETHEL AVENUE ASTON, PA 19014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MESIKA, YECHIEL A 480A BETHEL AVENUE ASTON, PA 19014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MC SHANE, CLAIRE M 480A BETHEL AVENUE ASTON, PA 19014
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01/24/05-80124-004 150.00

**DO NOT WRITE 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: <i>Yechiel Mesika</i>	DATE: <i>1/13/05</i>	DAYTIME PHONE: <i>610 494-4900</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		