

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 04, 2007 8:00 am**  
**Secretary of State**

09-04-2007 90039 011 \*\*\*150.00

**DOCUMENT # P03000039490**

1. Entity Name  
**DELUXE COLLECTION INC**



Principal Place of Business  
**3371 NW 22 ST  
 COCONUT CREEK, FL 33066**

Mailing Address  
**3371 NW 22 ST  
 COCONUT CREEK, FL 33066**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

06082007 Chg-P CR2E034 (12/06)

City & State  
 Zip Country

4. FEI Number  
**61-1450244**

Applied For  
 Not Applicable

City & State  
 Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

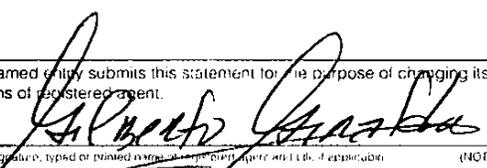
**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MACINTER CORPORATION  
 5440 N STATE RD 7, STE 218  
 FORT LAUDERDALE, FL 33319**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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  DATE **8/31/2007**

Signature, typed or printed name of the registered agent with title, if applicable. (NOTE: Registered agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00  
 Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PD**  Delete  
 NAME **GIRALDO, GILBERTO**  
 STREET ADDRESS **3371 NW 22 ST**  
 CITY-ST-ZIP **COCONUT CREEK, FL 33066**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY ST ZIP

TITLE **VD**  Delete  
 NAME **WAGNER, LUCY**  
 STREET ADDRESS **3371 NW 22 ST**  
 CITY-ST-ZIP **COCONUT CREEK, FL 33066**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY ST ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY ST ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY ST ZIP

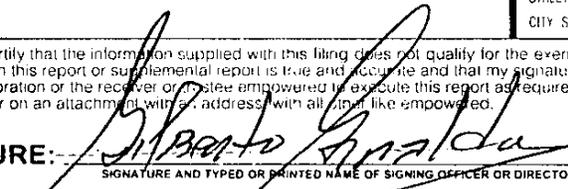
TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY ST ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 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:  DATE: **8/31/07** DAYTIME PHONE #: **(954) 975-4689**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR