2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000135288

Entity Name: DEEL INVESTMENT GROUP INC

FILED Feb 14, 2005 Secretary of State

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Current Pri	incipal Place o	f Business:	New Princ	New Principal Place of Business:		
	COMO TERR ES, FL 33014	US		HID DRIVE ES, FL 33014	US	
Current Ma	ailing Address:	:	New Maili	New Mailing Address:		
	COMO TERR ES, FL 33014	US		HID DRIVE (ES, FL 33014	US	
FEI Number:	20-0378052	FEI Number Applied For ()	FEI Number Not Appl	licable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
	ACOB COMO TERR ES, FL 33014	US		NA E HID DRIVE (ES, FL 33014	US	
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.						
SIGNATURE: ANA E RUSSO 02/14/2005						
	Electronic	Signature of Registered Agent			Date	
Election Cam	paign Financing T	rust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () D DE VARONA, CAF 15065 MONTROS MIAMI LAKES, FL	RLOS D E ROAD	Title: Name: Address: City-St-Zip:	()(Change ()Addition	
Title: Name: Address: City-St-Zip:	D () D ELJAUA, BARBAR 6520 LAKE COMO MIAMI LAKES, FL	RA W D TERR	Title: Name: Address: City-St-Zip:	S (X) (ELJAUA, BARBA 6520 LAKE COM MIAMI LAKES, F	IO TERR	
Title: Name: Address: City-St-Zip:	D () D ELJAUA, JACOB 6520 LAKE COMO MIAMI LAKES, FL		Title: Name: Address: City-St-Zip:	P (X) (ELJAUA, JACOB 6520 LAKE COM MIAMI LAKES, F	IO TERR	
Title: Name: Address: City-St-Zip:	D () D RUSSO, ROBERT 6705 ORCHID DR MIAMI LAKES, FL	RIVE	Title: Name: Address: City-St-Zip:	() (Change()Addition	
Title: Name: Address: City-St-Zip:	D () D RUSSO, ANA E 6705 ORCHID DR MIAMI LAKES, FL	RIVE	Title: Name: Address: City-St-Zip:	T (X) (RUSSO, ANA E 6705 ORCHID DI MIAMI LAKES, F		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACOB ELJAUA P 02/14/2005