


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

2/3)

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90011 013 \*\*\*150.00

DOCUMENT # P05000014636			
1. Entity Name DEJA VU TECHNOLOGY, INC			
Principal Place of Business PO BOX 347244 CORAL GABLES, FL 33234		Mailing Address PO BOX 347244 CORAL GABLES, FL 33234	
2. Principal Place of Business PO Box 347244 Suite, Apt. #, etc.		3. Mailing Address PO Box 347244 Suite, Apt. #, etc.	
City & State Coral Gables, FL		City & State Coral Gables, FL	
Zip 33234		Country Miami-Dade	
4. FEI Number 202239738		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent ALVAREZ, ROSA M 2522 NW 13 AVE. MIAMI, FL 33142		7. Name and Address of New Registered Agent 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 <u>Rosa Alvarez</u>		DATE <u>1/31/06</u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <u>President (owner)</u> NAME STREET ADDRESS CITY-ST-ZIP <u>Mrs. Rosa Alvarez</u> <u>2522 NW 13 Ave</u> <u>Miami, FL 33142</u>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 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: <u>Rosa Alvarez President</u>		DATE <u>1/31/06</u> (786)261-6459	

0000250



01302006 Chg-P CR2E034 (11/05)



ATTACHMENT

6600242p

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 6, 2006

DEJA VU TECHNOLOGY, INC  
P.O. BOX 347244  
CORAL GABLES, FL 33234 US

Subject: DEJA VU TECHNOLOGY, INC

Reference Number: P05000014636

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment. *President Iow ner. (Rosa M. Alvarez)*

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JD  
ANNUAL REPORTS SECTION