

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P92000007318

1. Entity Name
DEERFIELD ASSOCIATES CORP.



Principal Place of Business
33 SOUTH SERVICE RD
JERICO, NY 11753-1006

Mailing Address
33 SOUTH SERVICE RD
JERICO, NY 11753-1006



02222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3183079

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHAHADY, JOHN J
ADORNO & YOSS
350 E. LAS OLAS BLVD, SUITE I-700
FT. LAUDERDALE, FL 33301

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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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROSEN, ROBERT A
STREET ADDRESS	33 SOUTH SERVICE RD
CITY-ST-ZIP	JERICO, NY
TITLE	D
NAME	ROSEN, FLORENCE
STREET ADDRESS	33 SOUTH SERVICE RD
CITY-ST-ZIP	JERICO, NY
TITLE	D
NAME	ROSEN, DAVID S
STREET ADDRESS	33 SOUTH SERVICE RD
CITY-ST-ZIP	JERICO, NY
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/21/05-80069-013 150.00

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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 #

V.P. 2/20/05 516-333-2000