


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P92000007318</b> 1. Entity Name <b>DEERFIELD ASSOCIATES CORP.</b>	
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Principal Place of Business <b>33 SOUTH SERVICE RD JERICHO, NY 11753-1006</b>	Mailing Address <b>33 SOUTH SERVICE RD JERICHO, NY 11753-1006</b>
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02272006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>11-3183079</b>	Applied For <b>Not Applicable</b>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SHAHADY, JOHN J ADORNO &amp; YOSS 350 E. LAS OLAS BLVD, SUITE 1-700 FT. LAUDERDALE, FL 33301</b>
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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 reissuing) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSEN, ROBERT A 33 SOUTH SERVICE RD JERICHO, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSEN, FLORENCE 33 SOUTH SERVICE RD JERICHO, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSEN, DAVID S 33 SOUTH SERVICE RD JERICHO, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000476103  
04/05/06-80044-009 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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 employees.

**SIGNATURE:**

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Vice President, TRM*  
Date

*516-333-20*  
Daytime Phone