## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

TITLE
NAME
STREET ADORESS
CITY-ST-ZIP
TITLE
NAME
STREET ADORESS
CITY-ST-ZIP

NAME S'REET ADDRESS CHY-ST-ZIP

## FILED Apr 30, 2004 08:00 AM Secretary of State

IN THIS SPACE

DOCUMENT # P96000073784  1. Entity Name DEACO INTERNATIONAL CORP.					500	ictai y	oi state
Principal Place	e of Business	Mailing Address		1			
354 SEVILLA		354 SEVILLA AVENUE					
CORAL GABL	ES, FL 33134	CORAL GABLES, FL 33134					
							CIEL BLEADH IN 1881
***************************************							
DO NOT WRITE IN THIS SPACE				04222004 No Chg-P CR2E034 (10/03)			
			CE	4. FEI Numbe			Applied For
				65-0693		¢o 7a	Not Applicable  Additional
				5. Certificate	of Status Desired	Fee Re	
6. Name and Address of Current Registered Agent							
CEBALLOS, HAYDEE A 354 SEVILLA AVENUE CORAL GABLES, FL 33134			DO NOT WRITE IN THIS SPACE				
8 the above	named entity submits this statement for the	ne purpose of changing the register	od office or topicto	rad agent or bal	h un the State of Flor	uda Lam familia	
the obligat	ions of registered agent.	e purpose or changing its register	ed onice or registe	red agent, or bot	n, in the state of Fior	ida (amilamillar	wirn, and accept
SIGNATURE Signature Typed or prested name of registered agent and the if applicable INOTE. Registered Agent's gnature required when					(when rensisting) OATE		
All All All bases and is also a state of the annual and a state of the annual annual and a state of the annual and a state of the annual				o wheli relistating)		UA1E	
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Trust Fund Contribute  Trust Fund Contribute			.00 May Be led to Fees				
10.	OFFICERS AND DI	RECTORS		L			•
IIILE	PD						
NAME CINCLE ADD DEC	CEBALLOS, HAYDEE A						
STREET ADDR:SS CITY-ST-ZIP	354 SEVILLA AVENUE CORAL GABLES, FL 33134				5   Tallet 1, 1878	144970	
TULE			-		(1) (1) (1) (14) (1) (1) (14-	ຈິດເຂື້ອ-ິດດເ	150.00
NAME							
STREEF ADDRESS							
CITY-ST-ZIP			_				
IIT E							
NAMF							
STREET ADDRESS GTY ST-ZIP				DO	<b>NOT W</b>	RITE	

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 O7(3)(i). Florida Statutes. If further certify that the information indicated on this report or supplemental report is frue and accurate and that my signature shall have the same legal effect as if made under oath, that if am an officer or director of the curporation or the receiver or trustee empowered to execute this report as renuired by Chapter 607. Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attaction with an address, with all other like empowered.

SIGNATURE: Hayde Clare Hayde CEBAILOS Y/21/04 305 448-5255