


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90180 017 ***150.00

DOCUMENT # P96000073784

1. Entity Name
DEACO INTERNATIONAL CORP.



Principal Place of Business
**354 SEVILLA AVENUE
 CORAL GABLES, FL 33134**

Mailing Address
**354 SEVILLA AVENUE
 CORAL GABLES, FL 33134**

50048135



2. Principal Place of Business
250 Catalonia Avenue

3. Mailing Address
P. O. Box 141894

Suite, Apt. #, etc.
Suite 605

04272005 Chg-P CR2E034 (10/03)

City & State
Coral Gables, FL

City & State
Coral Gables, FL

Zip
33134

Country
U. S. A.

4. FEI Number
65-0693527

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**CEBALLOS, HAYDEE A
 354 SEVILLA AVENUE
 CORAL GABLES, FL 33134**

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

7. Name and Address of New Registered Agent

Name
Jose R. Travieso, Jr.

Street Address (P.O. Box Number is Not Acceptable)
250 Catalonia Ave., Suite 605

City
Coral Gables FL

Zip Code
33134

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: *Jose R. Travieso, Jr.* **JOSE R. TRAVIESO, JR.** **5-27-05**

(NOTE: Registered Agent signature required when reinstating) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CEBALLOS, HAYDEE A 354 SEVILLA AVENUE CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Travieso, Jr., Jose R. 250 Catalonia Ave., Suite 605 Coral Gables, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 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: *Jose R. Travieso, Jr.* **JOSE R. TRAVIESO, JR.** **5-27-05** **305-419966**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #