
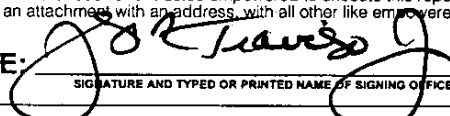


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90406 013 \*\*\*150.00

DOCUMENT # P96000073784			
1. Entity Name DEACO INTERNATIONAL CORP.			
Principal Place of Business 250 CATALINA AVE STE 605 MIAMI, FL 33134		Mailing Address 250 CATALINA AVE STE 605 MIAMI, FL 33134	
2. Principal Place of Business 250 CATALONIA AVE P. O. Box 141894 Suite, Apt. #, etc. SUITE 605 City & State CORAL GABLES, FL		3. Mailing Address P. O. Box 141894 Suite, Apt. #, etc. City & State CORAL GABLES, FL	
4. FEI Number 65-0693527		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03222006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent TRAVIESO, JOSE R JR 250 CATALONIA AVE STE 205 MIAMI, FL 33134		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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 NAME STREET ADDRESS CITY-ST-ZIP	PD TRAVEISO, JOSE R JR 250 CATALONIA AVE STE 605 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRAVIESO, JR, JOSE R 250 CATALONIA AVE STE 605 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Change <input 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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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
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 entries.			
SIGNATURE: 		JOSE R. TRAVIESO, JR. 3.21.06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

50008364



03222006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0693527 Applied For Not Applicable

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

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SIGNATURE:  JOSE R. TRAVIESO, JR. 3.21.06  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #