

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V63594

FILED  
Jan 07, 2010  
Secretary of State

**Entity Name:** DELUXE ASSOCIATES, INC.

**Current Principal Place of Business:**

1836 WEST 23 ST  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

1836 WEST 23 ST  
MIAMI BEACH, FL 33140

**New Mailing Address:**

**FEI Number:** 65-0358631      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BERGER, DAVID J  
1836 WEST 23 ST  
MIAMI BEACH, FL 33140    US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** VDAS  
**Name:** BERGER, DAVID J  
**Address:** 1836 WEST 23 STREET  
**City-St-Zip:** MIAMI BEACH, FL 33140

**Title:** PDS  
**Name:** BERGER, MAX  
**Address:** 1836 WEST 23 STREET  
**City-St-Zip:** MIAMI BEACH, FL 33140

**Title:** VDAS  
**Name:** KRIEGER, ANITA  
**Address:** 1354 CLEVELAND ROAD  
**City-St-Zip:** MIAMI BEACH, FL 33141

**Title:** VDAS  
**Name:** BERGER, MORRIS I  
**Address:** 2600 ISLAND BOULEVARD, APT 2403  
**City-St-Zip:** AVENTURA, FL 33160

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID BERGER

V

01/07/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date