


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 11, 2005 08:00 AM
Secretary of State**

DOCUMENT # P01000010232 1. Entity Name HEDWIG CORP.	
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Principal Place of Business 9130 S. DADELAND BLVD. SUITE #1504 MIAMI, FL 33156	Mailing Address 9130 S. DADELAND BLVD. SUITE #1504 MIAMI, FL 33156
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DO NOT WRITE IN THIS SPACE



02172005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1072415	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUZMAN, MARIO
9130 S. DADELAND BLVD
SUITE #1504
MIAMI, FL 33156

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TREVISAN, OMAR PEDRO 9130 S. DADELAND BLVD., STE 1504 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VEGEL DE TREVISAN, ANA MARIA 9130 S. DADELAND BLVD., STE 1504 MIAMI, FL 33156
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/11/05-80037-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]* OMAR TREVISAN PD 02/23/2005 305 670 1991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #