
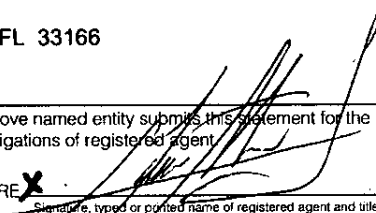
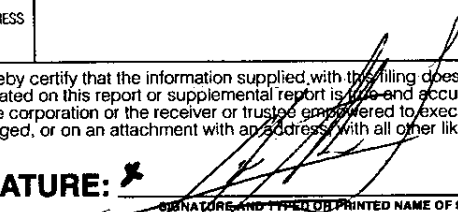


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90045 016 \*\*\*150.00

DOCUMENT # P03000028286			
1. Entity Name DHIWOLL CORPORATION			
Principal Place of Business 8200 N.W. 41 ST. 175 MIAMI, FL 33166		Mailing Address 8200 N.W. 41 ST. 175 MIAMI, FL 33166	
2. Principal Place of Business 7923 SW 148 PLACE Suite, Apt. #, etc.		3. Mailing Address 7923 SW 148 PLACE Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33193	Country MIAMI-0008	Zip 33193	Country MIAMI-0008
6. Name and Address of Current Registered Agent BANCAMUNDO CORP. 8200 NW 41 ST 175 MIAMI, FL 33166		7. Name and Address of New Registered Agent Name MARCO A SAAVEDRA PASTRAN Street Address (P.O. Box Number is Not Acceptable) 7923 SW 148 PLACE City MIAMI FL Zip Code 33193	
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 3/8/04	
<p><b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b></p>		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	P SAAVEDRA PASTRAN, MARCO A 8200 NW 41 ST MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LECAROS MUNOS, ELIANA 8200 NW 41 ST MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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
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
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 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: 		DATE 3/8/04	Daytime Phone # 305-244-9133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	DAYTIME PHONE #

