


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90061 024 ***150.00

DOCUMENT # P03000028286

1. Entity Name
DHIWOLL CORPORATION



Principal Place of Business
**7923 SW 148 PLACE
 MIAMI, FL 33193**

Mailing Address
**7923 SW 148 PLACE
 MIAMI, FL 33193**



2. Principal Place of Business
10661 N KENDALL DRVB

Suite, Apt. #, etc.
SUITE 222

City & State
MIAMI FL

3. Mailing Address
10661 N KENDALL DRVB

Suite, Apt. #, etc.
SUITE 222

City & State
MIAMI FL

03252005 Chg-P CR2E034 (10/03)

4. FEI Number
36-4524886

Applied For
 Not Applicable

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

Zip **33176** Country **MIAMI-0006** Zip **33176** Country **MIAMI-0006**

6. Name and Address of Current Registered Agent

SAAVEDRA PASTRAN, MARCO A
7923 SW 148 PLACE
MIAMI, FL 33193

7. Name and Address of New Registered Agent

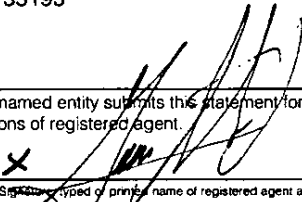
Name
SAAVEDRA PASTRAN, MARCO A

Street Address (P.O. Box Number is Not Acceptable)
10661 N KENDALL DRVB

SUITE 222

City **MIAMI** FL Zip Code **33176**

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 **3/25/2005**

Signature typed or printed name of registered agent and title if applicable. (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

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	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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAAVEDRA PASTRAN, MARCO A 10661 N KENDALL DRVB SUITE 222 MIAMI FL 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LECAROS MUNOS, ELIANA 10661 N KENDALL DRVB SUITE 222 MIAMI FL 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 **305-2791113 3/25/2005**

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