

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90393 038 \*\*\*150.00

DOCUMENT # P99000042969

1. Entity Name  
DILUAN INVESTMENT CORPORATION



Principal Place of Business  
1390 BRICKELL AVENUE  
SUITE 200  
MIAMI, FL 33131

Mailing Address  
1390 BRICKELL AVENUE  
SUITE 200  
MIAMI, FL 33131



02052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0919117	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CASTILLO, ALVARO B P. A.  
1390 BRICKELL AVENUE  
SUITE 200  
MIAMI, FL 33131

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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	VPD DE HOFFMANN, HUGO ANSELMO 1390 BRICKELL AVENUE SUITE 200 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT DE HOFFMANN, SEBASTIAN D 1390 BRICKELL AVENUE, STE 200 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FLEISCHHEKER, CINTHYA M 1390 BRICKELL AVENUE, STE 200 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

*Hugo de Hoffmann*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *Hugo de Hoffmann*  
*Director - Vice President*

3-25-04 (305) 371-5590  
Date Daytime Phone #