


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED

05 APR 19 PM 12:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P99000042969</b>	
1. Entity Name <b>DILUAN INVESTMENT CORPORATION</b>	

Principal Place of Business <b>1390 BRICKELL AVENUE SUITE 200 MIAMI, FL 33131</b>	Mailing Address <b>1390 BRICKELL AVENUE SUITE 200 MIAMI, FL 33131</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04182005 Chg-P CR2E034 (10/03) *MRB*

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

6. Name and Address of Current Registered Agent <b>CASTILLO, ALVARO B P. A. 1390 BRICKELL AVENUE SUITE 200 MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 *Alvaro Castillo* DATE 4-18-05

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD DE HOFFMANN, HUGO ANSELMO 1390 BRICKELL AVENUE SUITE 200 MIAMI, FL 33131</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT DE HOFFMANN, SEBASTIAN D 1390 BRICKELL AVENUE, STE 200 MIAMI, FL 33131</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S FLEISCHHEKER, CINTHYA M 1390 BRICKELL AVENUE, STE 200 MIAMI, FL 33131</b> <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	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500054006555 05/06/05--01050--026 **\$150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500054006555 05/06/05--01050--027 **\$8.75</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VP Alvaro Castillo 1390 Brickell Avenue, Suite 200 Miami, FL 33131</b>
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: *Alvaro Castillo* **A. Castillo** 4-18-05 305 371-5540

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