

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Apr 28, 2006 08:00  
Secretary of State**

**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**



04202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0919117** Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75 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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

000000544029  
05/11/06-80018-015 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	VPD
NAME	DE HOFFMANN, HUGO ANSELMO
STREET ADDRESS	1390 BRICKELL AVENUE SUITE 200
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	PT
NAME	DE HOFFMANN, SEBASTIAN D
STREET ADDRESS	1390 BRICKELL AVENUE, STE 200
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	S
NAME	FLEISCHHEKER, CINTHYA M
STREET ADDRESS	1390 BRICKELL AVENUE, STE 200
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	VP
NAME	CASTILLO, ALVARO
STREET ADDRESS	1390 BRICKELL AVNEUE, SUITE 200
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemptions contained in Chapter 119, 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 Anselmo de Hoffmann* **HUGO ANSELMO DE HOFFMANN** April 20<sup>th</sup> 2006 786-201-1905

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #