
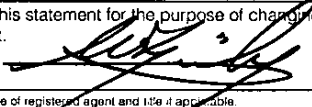
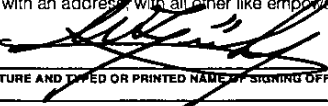


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90076 007 \*\*\*155.00

DOCUMENT # 332815					
1. Entity Name DWIGHT & WILSON CO.					
Principal Place of Business 2881 N.E. 7TH AVE. POMPANO BEACH, FL 33064		Mailing Address 2881 N.E. 7TH AVE. POMPANO BEACH, FL 33064		50008144	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01112005 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 59-1217698	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MAUS, C P 2881 NE 7TH AVE POMPANO BEACH, FL 33064			Name <b>GRUNBAUM, WOLFGANG</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>2881 NE 7th Ave.</b>		
			City <b>POMPANO BEACH FL</b> Zip Code <b>33064</b>		
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 <b>JAN/10/2005</b>		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)			DATE		
<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 checked="" type="checkbox"/> <b>\$5.00</b> 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	PD DIAZ, ANDRES BLANCO CALLE JULIO GONZLEZ POLA, 6,3,0.1 OVIEDO SPAIN, 33013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GRUNBAUM, WOLFGANG 2881 NE 7th Ave. POMPANO BEACH, FL 33064 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HIDALGO, JUAN URQUIOLA CALLE BASILICA, 17,7C MADRID, SPAIN, 28020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FERNANDEZ, JUAN GARRIZ AVENIDA DE LA COSTA, 149.5 GIJON, SPAIN, 33203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAUS, C P 3961 NW 5TH ST COCONUT CREEK, FL 33066 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 <b>01/10/05</b> (954) 942-8321		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Day/Line Phone #		