


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90331 018 ***150.00

0188891 AV

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**

1103004



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**MAUS, C P
2881 NE 7TH AVE
POMPANO BEACH FL 33064**

4. FEI Number **59-1217698**
Applied For
Not Applicable

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	TAMARGO, SERGIO	
STREET ADDRESS	MARQUEI DE URQUIJO NO. 24-121	
CITY-ST-ZIP	GIJON AS SPAIN	
TITLE	V	<input type="checkbox"/> Delete
NAME	SERGIO, TAMARGO	
STREET ADDRESS	1147 HILLSBORO MILE	
CITY-ST-ZIP	HILLSBORO BCH FL 33062	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GARRIZ, JUAN	
STREET ADDRESS	LAJUVERIA-TREMANOS, APTO 333	
CITY-ST-ZIP	GIJON SP 33280	
TITLE	V	<input type="checkbox"/> Delete
NAME	MAUS, C P	
STREET ADDRESS	3961 NW 5TH ST	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: SIGNATURE REQUIRED C.P. MAUS **4/29/03** **954-942-8321**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)