


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90056 009 \*\*\*158.75

<b>DOCUMENT # 514149</b> 1. Entity Name <b>DILEMA CORPORATION</b>			
Principal Place of Business <b>3001 EAST 11TH AVENUE HIALEAH, FL 33013</b>		Mailing Address <b>PO BOX 4461 HIALEAH, FL 33014</b>	
2. Principal Place of Business <b>3001 EAST 11th AVE</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>Hialeah FL 33014</b>		City & State	
Zip <b>33013</b>		Country <b>USA</b>	
4. FEI Number <b>59-1709656</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		01272006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent <b>GUTIERREZ, JOSE M. 1166 W. 69 PLACE HIALEAH, FL 33014</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	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GUTIERREZ, JOSE M. 1166 W. 69 PLACE HIALEAH, FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FERRO, OSWALD 90 WEST 32 STREET HIALEAH, FL 33012	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MICHELENA, GLORIA 1166 WEST 69TH PLACE HIALEAH, FL 33014	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete	
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.			
<b>SIGNATURE:</b> <i>Jose M. Gutierrez</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/16/06 Date 305-835-2212 Daytime Phone #	