2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000054321

FILED
Apr 28, 2005
Secretary of State

Entity Name: DWCONSULWARE, L.L.C.

Current Principal Place of Business:

9737 NW 41 ST
#615
MIAMI, FL 33178 US

New Principal Place of Business:

Current Mailing Address:

9737 NW 41 ST
#615
MIAMI, FL 33178 US

New Mailing Address:

FEI Number: 20-1541534 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CABANAS & ASSOCIATES, P.A.
10520 NW 26 ST.
C 201
DORAL, FL 33172 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ______________________________

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: SANCHEZ, MIGUEL E
Address: 10556 NW 26 ST. SUITE D-101
City-St-Zip: DORAL, FL 33172 US

Title: MGRM ( ) Delete
Name: DURAN, PATRICIO X
Address: 10556 NW 26 ST. SUITE D-101
City-St-Zip: DORAL, FL 33172 US

Title: MGRM ( ) Delete
Name: ESTRELLA, MARIA E
Address: 10556 NW 26 ST. SUITE D-101
City-St-Zip: DORAL, FL 33172 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: EMILIO SANCHEZ MGR 04/28/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date