


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 12, 2004 8:00 am**  
**Secretary of State**

05-12-2004 90205 017 \*\*\*158.75

<b>DOCUMENT # P00000046443</b> 1. Entity Name <b>D &amp; W INTERIOR HOME CORP.</b>					
Principal Place of Business <b>7905 NW 54 STREET MIAMI, FL 33166</b>			Mailing Address <b>7905 NW 54 STREET MIAMI, FL 33166</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>65-1005904</b>	
Country		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SANCHEZ, WILFREDO 20715 SW 114 PLACE MIAMI, FL 33189</b>				7. Name and Address of New Registered Agent Name <b>SANCHEZ, WILFREDO</b> Street Address (P.O. Box Number is Not Acceptable) <b>20715 SW 114 Place</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33189</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 <b>WILFREDO SANCHEZ</b> <i>[Signature]</i> <b>5/1/4</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>SANCHEZ, WILFREDO</b> <b>20715 SW 114 PLACE</b> <b>MIAMI, FL 33189</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>5/1/4 (305) 594-0180</b> <small>Date Daytime Phone #</small>		

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