

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90478 020 \*\*\*150.00

DOCUMENT # P00000092636

1. Entity Name  
**DIWI CORPORATION**



Principal Place of Business  
**7355 N.W. 54 STREET  
MIAMI, FL 33166**

Mailing Address  
**7355 N.W. 54 STREET  
MIAMI, FL 33166**

2. Principal Place of Business  
**7353 N.W. 54 Street**  
Suite, Apt. #, etc.

3. Mailing Address  
**7353 N.W. 54 Street**  
Suite, Apt. #, etc.



04302004 Chg-P CR2E034 (10/03)

City & State  
**Miami, Florida**  
Zip  
**33166**  
Country  
**U.S.A.**

City & State  
**Miami, Florida**  
Zip  
**33166**  
Country  
**U.S.A.**

4. FEI Number  
**65-1063228**  
Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DIAZ-WRESNEN, NORMO PILAR  
7355 NW 54TH ST  
MIAMI, FL 33166**

**7. Name and Address of New Registered Agent**

Name  
**Norma pilar Diaz Wiesner**  
Street Address (P.O. Box Number is Not Acceptable)

**7353 N.W. 54 Street**  
City **Miami, Florida** **FL** Zip Code **33166**

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

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**April 30/04**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DIAZ E, RAMON  
7355 N.W 54 STREET  
MIAMI, FL 33166** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DIAZ WIESNER, NORMA P  
7355 N.W. 54 STREET  
MIAMI, FL 33166** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/30/04**

DATE

**305 863 6660**

DAYTIME PHONE #