


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90006 015 \*\*\*150.00

<b>DOCUMENT # P01000010232</b>					
<b>1. Entity Name</b> HEDWIG CORP.					
<b>Principal Place of Business</b> 9130 S. DADELAND BLVD. SUITE #1504 MIAMI, FL 33156			<b>Mailing Address</b> 9130 S. DADELAND BLVD. SUITE #1504 MIAMI, FL 33156		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03212006    Chg-P    CR2E034 (11/05)	
<b>4. FEI Number</b> 65-1072415				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
GUZMAN, MARIO 9130 S. DADELAND BLVD SUITE #1504 MIAMI, FL 33156			Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable.    DATE</small>					
<b>FILE NOW!!! - FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> 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 TREVISAN, OMAR PEDRO 9130 S. DADELAND BLVD., STE 1504 MIAMI, FL 33156	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VEGEL DE TREVISAN, ANA MARIA 9130 S. DADELAND BLVD., STE 1504 MIAMI, FL 33156	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>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>					
<b>SIGNATURE:</b> <u>OMAR TREVISAN - DIRECTOR</u> <u>3/2/06</u> <u>305-670-1991</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					

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