


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90168 009 \*\*\*150.00

<b>DOCUMENT # P02000037460</b>					
1. Entity Name <b>DWEB SOLUTION, INC.</b>					
Principal Place of Business <b>2625 N.W. 68 WAY SUNRISE, FL 33313</b>			Mailing Address <b>2625 N.W. 68 WAY SUNRISE, FL 33313</b>		
2. Principal Place of Business <b>6684 Sweet Maple Ln</b>			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>BOCA RATON FL</b>			City & State		
Zip <b>33433</b>	Country <b>USA</b>	Zip	Country		
4. FEI Number <b>01-0658414</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>LOPEZ, JORGE LUIS 2625 N.W. 68 WAY SUNRISE, FL 33313</b>			7. Name and Address of New Registered Agent  Name <b>JOSE M. PAZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>6684 SWEET MAPLE LN</b> City <b>BOCA RATON</b> FL Zip Code <b>33433</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 <u><i>Moriano Paz</i></u> DATE <u><i>April 20th, 2005</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LOPEZ, JORGE L 2625 N.W. 68 WAY SUNRISE, FL 33313</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT JOSE M. PAZ 6684 SWEET MAPLE LN BOCA RATON 33433</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V. PRESIDENT Jorge Lopez 2501 NW 65th MARGATE FL 33063</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: <u><i>JORGE LOPEZ</i></u>			Date <u><i>April 20th, 2005</i></u> (305) 849531		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		