2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000082444

Entity Name: CD WALL, CORP.

FILED Aug 25, 2005 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

 1007 BAY DR. #237
 1117 SOUTH 19 AVENUE

 MIAMI, FL 33141
 HOLLYWOOD, FL 33020

Current Mailing Address: New Mailing Address:

1007 BAY DR. #237 P.O. BOX 160321 MIAMI, FL 33141 HIALEAH, FL 33016

FEI Number: 77-0605208 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SUAREZ, DANIEL
1007 BAY DR. #237
MIAMI, FL 33141 US
SUAREZ, DANIEL
1117 SOUTH 19 AVENUE
HOLLYWOOD, FL 33020 US

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: DANIEL SUAREZ 08/25/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

PD () Delete Title: PD (X) Change () Addition

 Name:
 SUAREZ, DANIEL
 Name:
 SUAREZ, DANIEL

 Address:
 1007 BAY DR. #237
 Address:
 1117 SOUTH 19 AVENUE

 City-St-Zip:
 MIAMI, FL 33141
 City-St-Zip:
 HOLLYWOOD, FL 33020

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 TOMAS, OSCAR
 Name:
 SALGAN, WALTER

 Address:
 6465 W. 24TH AVE., #106
 Address:
 1117 SOUTH 19 AVENUE

 City-St-Zip:
 HIALEAH, FL 33016
 City-St-Zip:
 HOLLYWOOD, FL 33020

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL SUAREZ PD 08/25/2005