

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90039 014 ***150.00

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1. Entity Name
DHIRINVESTMENTSFLORIDAINC.



Principal Place of Business
1925 BRICKELL AVE.
SUITE D-206
MIAMI, FL 33129

Mailing Address
1925 BRICKELL AVE.
SUITE D-206
MIAMI, FL 33129

54019637



02162004 Chg-P CR2E034(10/03)

2. Principal Place of Business

3 Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0502838

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BESU, ROGER
1925 BRICKELL AVE.
SUITE D-206
MIAMI, FL 33129

Name **Miami Corporate Registry**
Street Address (P.O. Box Number is Not Acceptable)
1925 BRICKELL AVE. D206
City **Miami** **FL** Zip Code **33129**

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 **Miami Corporate Registry** **3-9-04**

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME RIOSVAQUERO, FRNACISCO
STREET ADDRESS PASEODEYESERIOS
CITY-ST-ZIP 28005MADRIDSPAIN,

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

TITLE VPSD ☐ Delete
NAME ESTEBARAN, MARIADELROCIO
STREET ADDRESS PASEODEYESERIOS
CITY-ST-ZIP 28005MADRIDSPAIN,

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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: **Francisco Riosvaquero**

3-09-04 305-854-6363

Date

Daytime Phone #