


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 206841  
 1. Entity Name  
 DIMARE TAMPA, INC.



Principal Place of Business      Mailing Address  
 P.O. BOX 11040                      P.O. BOX 900460  
 TAMPA, FL 33680-1040              HOMESTEAD, FL 33090-0460

**DO NOT WRITE IN THIS SPACE**



03162005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 59-0813011      Not Applicable

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

6. Name and Address of Current Registered Agent  
 SACHER, CHARLES P  
 2655 LEJUNE RD  
 SUITE 1101  
 CORAL GABLES, FL 33134

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	DIMARE, PAUL J.
STREET ADDRESS	258 N.W. 1ST AVE.
CITY-ST-ZIP	FLORIDA CITY, FL
TITLE	V
NAME	BRUNO, CHARLES E.
STREET ADDRESS	2801 E. HILLSBOROUGH AVE
CITY-ST-ZIP	TAMPA, FL
TITLE	STD
NAME	DIMARE, ANTHONY J.
STREET ADDRESS	258 N.W. 1ST AVE.
CITY-ST-ZIP	FLORIDA CITY, FL
TITLE	DV
NAME	DIMARE, SCOTT M
STREET ADDRESS	258 NW 1ST AVE
CITY-ST-ZIP	FLORIDA CITY, FL 33034
TITLE	CFO
NAME	FOLWELL, RONALD
STREET ADDRESS	258 NW 1ST AVE
CITY-ST-ZIP	FLORIDA CITY, FL 33034
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000279134  
 03/28/05-80055-008 150.00

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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)(f), 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: Ronald L. Folwell RONALD L. Folwell      03-22-05      305-245-4211  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #