


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 206841</b>		
1. Entity Name DIMARE TAMPA, INC.		
Principal Place of Business P.O. BOX 11040 TAMPA, FL 33680-1040	Mailing Address P.O. BOX 900460 HOMESTEAD, FL 33090-0460	



01042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-0813011	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SACHER, CHARLES P  
 2655 LEJUNE RD  
 SUITE 1101  
 CORAL GABLES, FL 33134

**DO NOT WRITE IN THIS SPACE**

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIMARE, PAUL J. 258 N.W. 1ST AVE. FLORIDA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRUNO, CHARLES E. 2801 E. HILLSBOROUGH AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DIMARE, ANTHONY J. 258 N.W. 1ST AVE. FLORIDA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DIMARE, SCOTT M 258 NW 1ST AVE FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO FOLWELL, RONALD 258 NW 1ST AVE FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TAYLOR, CHERYL A 1049 AVENUE N EAST ARLINGTON, TX 76011

**DO NOT WRITE IN THIS SPACE**

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 01/31/08-80002-005 150.00

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.

**SIGNATURE:** Ronald L. Folwell 1-16-08 305-245-4211  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #