

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # 317596

1. Entity Name
DIMARE HOMESTEAD, INC.



Principal Place of Business
258 N.W. FIRST AVENUE
FLORIDA CITY, FL 33034 US

Mailing Address
P.O. BOX 900460
HOMESTEAD FLA, 33090-0460 US



03162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1204511

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SACHER, CHARLES P.
2655 LEJEUNE 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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000279044
03/28/05-00052-004 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DI MARE, PAUL J. 258 NW 1ST AVENUE FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FEDELE, JOHN E. 990 WASHINGTON ST #211 DEDHAM, MA 33034
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DI MARE, THOMAS F. P.O. BOX 517, NA NEWMAN, CA 95360
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV DIMARE, SCOTT M 258 NW 1ST AVENUE FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DAS DIMARE, ANTHONY J 258 NW 1ST AVENUE FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO FOLWELL, RONALD 258 NW 1ST AVENUE FLORIDA CITY, FL 33034

**DO NOT WRITE
IN THIS SPACE**

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

Date

305-245-8211

Daytime Phone #