



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 490092 1. Entity Name DIMARE MANAGEMENT CORP.	
--	---

Principal Place of Business 258 NW FIRST AVENUE FLORIDA CITY, FL 33034 US	Mailing Address P.O. BOX 900460 HOMESTEAD, FL 33090-0460 US
---	---

DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1633697	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	V DIMARE, PAUL J 258 NW 1ST AVE FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIMARE, ANTHONY J. 258 NW 1ST AVE FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DIMARE, SCOTT K 258 NW 1ST AVENUE FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIMARE, PAUL J JR 258 NW 1ST AVENUE FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIMARE, GINO 258 NW 1ST AVENUE FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO FOLWELL, RONALD 258 NW 1ST AVE FLORIDA CITY, FL 33034

U00000737943
 01/30/08-80009-013 150.00

DO NOT WRITE IN THIS SPACE

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 #