## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 490092**

Entity Name: DIMARE MANAGEMENT CORP.

FILED Jan 04, 2012 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

258 NW FIRST AVENUE FLORIDA CITY, FL 33034 US

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 900460 HOMESTEAD, FL 330900460 US

FEI Number: 59-1633697 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SACHER, CHARLES P. 2655 LEJÉUNE RD **SUITE 1101** CORAL GABLES, FL 33134 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

DIMARE, PAUL J Name: 258 NW 1ST AVE Address: City-St-Zip: FLORIDA CITY, FL 33034

Title: VD

Name: DIMARE, ANTHONY J. 258 NW 1ST AVE Address: FLORIDA CITY, FL 33034 City-St-Zip:

Title: TD

DIMARE, SCOTT K Name: 258 NW 1ST AVENUE Address: City-St-Zip: FLORIDA CITY, FL 33034

Title: SD

DIMARE, PAUL J JR Name: Address: 258 NW 1ST AVENUE City-St-Zip: FLORIDA CITY, FL 33034

Title: VD

Name: DIMARE, GINO 258 NW 1ST AVENUE Address: City-St-Zip: FLORIDA CITY, FL 33034

Title: CFO

FOLWELL, RONALD L Name: Address: 258 NW 1ST AVE City-St-Zip: FLORIDA CITY, FL 33034

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RONALD L. FOLWELL **CFO** 01/04/2012