## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 11, 2005 08:00 AM

ANNOAL ILL ON I					Secretary of State				
DOCUMENT # P0000086838  1. Entity Name DIMENSIONAL AMERICAS, INC.							or courty or		
Principal Place of Busine	99	Mailing Address			1		٠.		
3006 NW 79TH AVE. MIAMI, FL 33122		3006 NW 79TH AVE. MIAMI, FL 33122				ı Banı 15nı 48nı 48nı 48n		1880 (1 1881	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt #, etc.			01052005	Chg-P	CR2E034 (10/03)		
City & State		City & State			4. FEI Numb		No	plied For t Applicable	
Zip	Country	Zip	Coun	try	<u> </u>	of Status Desired	\$8.75 Add Fee Require		
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name				
POVEDA, MIGUEL 3006 NW 79TH AV MIAMI, FL 33122		<u></u>			P.O Box Numb	er is Not Acceptable	s)		
				City		· <del></del>	FL Zip Code	•	
8. The allowe parmed or	tity still Alts this Antement to	or the number of changing its	renister	d office or register	red agent or be	nth in the State of Flo	(	and accent	
8. The above named entity substitute it is excitement 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.  \$2-9-05\$									
SIGNATURE Signature of	ed or proted name of registered agent	and the frapplicable DIOTE	Registere	d Agent signature required	d when reinstating)	F	DATE		
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be  Trust Fund Contribution.   Added to Fees									
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OFF.	ICERS AND DIRECTOR	3 IN 11	
TITLE PSTD	A MICHEL ANICEL	☐ Gelete	TITLE NAM				☐ Change	Addition	
1	A, MIGUEL ANGEL V 79TH AVE.	, .	•	ET ADDRESS					
CITY-ST-ZIP MIAMI,	FL 33132		CITY	- ST - ZIP					
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NAME			NAM	1					
STREET ADDRESS CITY-ST-ZIP			CHY	ET ADDRESS - ST- ZIP					
12. I hereby certify that	the information supplied will	this filing does not qualify for	the exe	motion stated in Se	ection 119.07(3)	(i), Florida Statutes.	I further certify that the in	nformation	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 flusted 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 applications, with all other like empowered.									
SIGNATURE: 2-9-0V									
JIGHAI OILE.	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER	OR DIREC	TOR		nare	DayEme Phone #		