

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000016034

FILED  
Mar 27, 2009  
Secretary of State

Entity Name: DIMARE FLORIDA REALTY, INC.

## Current Principal Place of Business:

258 NW 1ST AVE.  
FLORIDA CITY, FL 33034

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 900460  
HOMESTEAD, FL 33090

## New Mailing Address:

FEI Number: 20-5281993

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DIMARE, PAUL J  
Address: 258 NW 1ST AVE.  
City-St-Zip: FLORIDA CITY, FL 33034

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

Title: D ( ) Delete  
Name: DIMARE, SCOTT M  
Address: 258 NW 1ST AVE.  
City-St-Zip: FLORIDA CITY, FL 33034

Title: CFO ( ) Delete  
Name: FOLWELL, RONALD  
Address: 258 NW 1ST AVE.  
City-St-Zip: FLORIDA CITY, FL 33034

Title: VP ( ) Delete  
Name: TAYLOR, CHERYL A  
Address: 1049 AVE H EAST  
City-St-Zip: ARLINGTON, TX 76011

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CFO (X) Change ( ) Addition  
Name: FOLWELL, RONALD L  
Address: 258 NW 1ST AVE.  
City-St-Zip: FLORIDA CITY, FL 33034

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RONALD L. FOLWELL

CFO

03/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date