

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90013 021 ***150.00

94027830



02242004 Chg-P CR2E034 (10/03)

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DI MARE, PAUL J.	
STREET ADDRESS	258 NW 1ST AVENUE	
CITY-ST-ZIP	FLORIDA CITY, FL 33034	
TITLE	S	<input type="checkbox"/> Delete
NAME	FEDELE, JOHN E.	
STREET ADDRESS	990 WASHINGTON ST #211	
CITY-ST-ZIP	DEDHAM, MA 33034	
TITLE	T	<input type="checkbox"/> Delete
NAME	DI MARE, THOMAS F.	
STREET ADDRESS	P.O. BOX 517, NA	
CITY-ST-ZIP	NEWMAN, CA 95360	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DIMARE, SCOTT M	
STREET ADDRESS	258 NW 1ST AVENUE	
CITY-ST-ZIP	FLORIDA CITY, FL 33034	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DIMARE, ANTHONY J	
STREET ADDRESS	258 NW 1ST AVENUE	
CITY-ST-ZIP	FLORIDA CITY, FL 33034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald Folwell	
STREET ADDRESS	258 NW 1st. Avenue	
CITY-ST-ZIP	Florida City, FL. 33034	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV ,Asst:Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DiMare, Anthony J.	
STREET ADDRESS	258 NW 1st. Ave.	
CITY-ST-ZIP	Florida City, FL. 33034	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul J. DiMare

3/8/04

305-245-4211

Date

Daytime Phone #