

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 490092

**Entity Name:** DIMARE MANAGEMENT CORP.

**Current Principal Place of Business:**

258 NW FIRST AVENUE  
FLORIDA CITY, FL 33034

**Current Mailing Address:**

P.O. BOX 900460  
HOMESTEAD, FL 33090-0460 US

**FEI Number:** 59-1633697

**Certificate of Status Desired:** No

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

SACHER, CHARLES P.  
2655 LEJEUNE 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

**Officer/Director Detail :**

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

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

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

Title SD  
Name DIMARE, PAUL JJR  
Address 258 NW 1ST AVENUE  
City-State-Zip: FLORIDA CITY FL 33034

Title VD  
Name DIMARE, GINO  
Address 258 NW 1ST AVENUE  
City-State-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:** PAUL DIMARE

**PRESIDENT**

**04/25/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date