

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000016034

**Entity Name:** DIMARE FLORIDA REALTY, INC.

**Current Principal Place of Business:**

258 NW 1ST AVE.  
FLORIDA CITY, FL 33034

**FILED**  
**Apr 25, 2016**  
**Secretary of State**  
**CC4649719737**

**Current Mailing Address:**

PO BOX 900460  
HOMESTEAD, FL 33090

**FEI Number: 20-5281993**

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

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

Title DV  
Name DIMARE, SCOTT M  
Address 258 NW 1ST AVE.  
City-State-Zip: FLORIDA CITY FL 33034

Title V  
Name TAYLOR, CHERYL A  
Address 1049 AVE H EAST  
City-State-Zip: ARLINGTON TX 76011

*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**

**DPST**

**04/25/2016**

Electronic Signature of Signing Officer/Director Detail

Date