

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 206841**

1. Entity Name  
**DIMARE TAMPA, INC.**



Principal Place of Business  
**P.O. BOX 11040  
TAMPA, FL 33680-1040**

Mailing Address  
**P.O. BOX 900460  
HOMESTEAD, FL 33090-0460**



01042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0813011**

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 LEJUNE RD  
SUITE 1101  
CORAL GABLES, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIMARE, PAUL J. 258 N.W. 1ST AVE. FLORIDA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRUNO, CHARLES E. 2801 E. HILLSBOROUGH AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DIMARE, ANTHONY J. 258 N.W. 1ST AVE. FLORIDA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DIMARE, SCOTT M 258 NW 1ST AVE FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO FOLWELL, RONALD 258 NW 1ST AVE FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TAYLOR, CHERYL A 1049 AVENUE N EAST ARLINGTON, TX 76011

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

**1-16-08**

Date

**305-245-4211**

Daytime Phone #