2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State
03-11-2004 90013 021 ***150.00

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1. Entity Name
DIMARE HOMESTEAD, INC.

Principal Place of Business	Mailing Address
258 N.W. FIRST AVENUE FLORIDA CITY, FL 33034 US	P.O. BOX 900460 HOMESTEAD FLA, 33090-0460 US

02242004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
SACHER, CHARLES P. 2655 LEJEUNE RD SUITE 1101 CORAL GABLES, FL 33134	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DI MARE, PAUL J. 258 NW 1ST AVENUE FLORIDA CITY, FL 33034	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO Ronald Folwell 258 NW 1st. Avenue Florida City, Fl. 33034	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FEDELE, JOHN E. 990 WASHINGTON ST #211 DEDHAM, MA 33034	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DI MARE, THOMAS F. P.O. BOX 517, NA NEWMAN, CA 95360	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV DIMARE, SCOTT M 258 NW 1ST AVENUE FLORIDA CITY, FL 33034	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV DIMARE, ANTHONY J 258 NW 1ST AVENUE FLORIDA CITY, FL 33034	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV ,Asst.Sec. DiMare, Anthony J. 258 NW 1st. Ave. Florida City, Fl. 33034	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ Paul J. DiMare 3/8/04 305-245-4211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #