


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90148 016 \*\*\*150.00

<b>DOCUMENT # 317596</b> 1. Entity Name <b>DIMARE HOMESTEAD, INC.</b>																													
Principal Place of Business <b>258 N.W. FIRST AVENUE FLORIDA CITY, FL 33034 US</b>			Mailing Address <b>P.O. BOX 900460 HOMESTEAD FLA, 33090-0460 US</b>																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		Zip																									
Country		Country		4. FEI Number <b>59-1204511</b>																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																									
6. Name and Address of Current Registered Agent <b>SACHER, CHARLES P. 2655 LEJEUNE RD SUITE 1101 CORAL GABLES, FL 33134</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																									
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.				\$8.75 Additional Fee Required																									
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)																													
Signature, typed or printed name of registered agent and title if applicable.																													
DATE																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>																													
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																													
10. OFFICERS AND DIRECTORS																													
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																													
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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.																													
<b>SIGNATURE:</b> <i>Ronald L. Folwell</i> <i>RONALD L. FOLWELL</i> <i>2-1-07</i> <i>305-245-4211</i>																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																													
Date Daytime Phone #																													