

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2004 8:00 am**  
**Secretary of State**

03-11-2004 90013 022 \*\*\*150.00

**DOCUMENT # 334240**

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



Principal Place of Business

US #41 N. RUSKIN 5715  
PO BOX 967  
RUSKIN, FL 33570-0967

Mailing Address

US #41 N. RUSKIN 5715  
PO BOX 967  
RUSKIN, FL 33570-0967

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02242004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-1226243

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 LEJUNE RD #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

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, 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 PSD ☐ Delete  
NAME DI MARE, PAUL J.  
STREET ADDRESS 258 N.W. 1ST AVE  
CITY-ST-ZIP FLORIDA CITY, FL 33034

TITLE CFO ☐ Change ☒ Addition  
NAME Ronald Folwell  
STREET ADDRESS 258 NW 1st. Ave.  
CITY-ST-ZIP Florida City, Fl. 33034

TITLE TD ☐ Delete  
NAME DIMARE, ANTHONY J.  
STREET ADDRESS 258 N.W. 1ST AVE  
CITY-ST-ZIP FLORIDA CITY, FL 33034

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME DIMARE, SCOTT M  
STREET ADDRESS 258 NW 1ST AVE.  
CITY-ST-ZIP FLORIDA CITY, FL 33034

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 an other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Paul J. Dimare*  
**PAUL J. DIMARE**

**3-8-04**

**305-245-4211**