

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 08:00 AM**  
**Secretary of State**

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

**DO NOT WRITE IN THIS SPACE**



03162005 No 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

SACHER, CHARLES P  
2655 LEJUNE RD #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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

000000279041  
03/28/05-80052-003 150.00

## 10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	DI MARE, PAUL J.
STREET ADDRESS	258 N.W. 1ST AVE
CITY - ST - ZIP	FLORIDA CITY, FL 33034
TITLE	TD
NAME	DIMARE, ANTHONY J.
STREET ADDRESS	258 N.W. 1ST AVE
CITY - ST - ZIP	FLORIDA CITY, FL 33034
TITLE	VD
NAME	DIMARE, SCOTT M
STREET ADDRESS	258 NW 1ST AVE.
CITY - ST - ZIP	FLORIDA CITY, FL 33034
TITLE	CFO
NAME	FOLWELL, RONALD
STREET ADDRESS	258 NW 1ST AVE
CITY - ST - ZIP	HOMESTEAD, FL 33034
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. Di Mare* *Ronald L Folwell*

03-22-05

305-285-4211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #