2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 334240

Entity Name: DIMARE RUSKIN, INC.

FOLWELL, RONALD

HOMESTEAD, FL 33034

258 NW 1ST AVE

Name:

Address:

City-St-Zip:

FILED Mar 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: US #41 N. RUSKIN 5715 5715 US HWY 41 N PO BOX 967 RUSKIN, FL 33570 RUSKIN, FL 335700967 **Current Mailing Address: New Mailing Address:** US #41 N. RUSKIN 5715 PO BOX 967 PO BOX 967 RUSKIN, FL 33575 RUSKIN, FL 335700967 FEI Number: 59-1226243 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SACHER, CHARLES P 2655 LEJUNE RD #1101 CORAL GABLES, FL 33134 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSD () Delete () Change () Addition DI MARE, PAUL J. Name: Name: 258 N.W.1ST AVE Address: Address: City-St-Zip: FLORIDA CITY, FL 33034 City-St-Zip: Title: TD Title: () Delete () Change () Addition DIMARE, ANTHONY J. Name: Name: 258 N.W. 1ST AVE Address: Address: FLORIDA CITY, FL 33034 City-St-Zip: City-St-Zip: Title: Title: VD () Delete () Change () Addition DIMARE, SCOTT M Name: Name: 258 NW 1ST AVE. Address: Address: City-St-Zip: FLORIDA CITY, FL 33034 City-St-Zip: Title: CFO () Delete Title: CFO (X) Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

FOLWELL, RONALD L

HOMESTEAD, FL 33034

258 NW 1ST AVE

SIGNATURE: RONALD L. FOLWELL **CFO** 03/27/2009