


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 20, 2005 08:00 AM
Secretary of State**

DOCUMENT # 366829 1. Entity Name DIMENSIONAL MARKETING SERVICES, INC.	
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Principal Place of Business 2666 TIGERTAIL AVE STE 102 COCONUT GROVE, FL 33133	Mailing Address 2666 TIGERTAIL AVE STE 102 COCONUT GROVE, FL 33133
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03272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1548233	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HIGGINS, RON 4012 IRVINGTON MIAMI, FL 33343	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and file if applicable

**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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HIGGINS, RONALD G. 4266 SW 73 AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD WEST-HIGGINS, JOSIE 4266 SW 73 AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/20/05-80012-016 150.00

**DO NOT WRITE
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)(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:  **Apr 18 2005** 305 858-6618
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date DayTime Phone #