

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # 490092

1. Entity Name
DIMARE MANAGEMENT CORP.



Principal Place of Business
**258 NW FIRST AVENUE
FLORIDA CITY, FL 33034 US**

Mailing Address
**P.O. BOX 900460
HOMESTEAD, FL 33090-0460 US**



03162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1633697

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 LEJEUNE RD
SUITE 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 (18) 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**

**000000279050
03/28/05-80052-005 150.00**

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	DIMARE, PAUL J
STREET ADDRESS	258 NW 1ST AVE
CITY-ST-ZIP	FLORIDA CITY, FL 33034
TITLE	PD
NAME	DIMARE, ANTHONY J.
STREET ADDRESS	258 NW 1ST AVE
CITY-ST-ZIP	FLORIDA CITY, FL 33034
TITLE	TD
NAME	DIMARE, SCOTT K
STREET ADDRESS	258 NW 1ST AVENUE
CITY-ST-ZIP	FLORIDA CITY, FL 33034
TITLE	SD
NAME	DIMARE, PAUL J JR
STREET ADDRESS	258 NW 1ST AVENUE
CITY-ST-ZIP	FLORIDA CITY, FL 33034
TITLE	VD
NAME	DIMARE, GINO
STREET ADDRESS	258 NW 1ST AVENUE
CITY-ST-ZIP	FLORIDA CITY, FL 33034
TITLE	CFO
NAME	FOLWELL, RONALD
STREET ADDRESS	258 NW 1ST AVE
CITY-ST-ZIP	FLORIDA CITY, FL 33034

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ronald L Folwell **Ronald L Folwell** **03-22-05** **305-445-4211**