

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 490092

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: DIMARE MANAGEMENT CORP.

## Current Principal Place of Business:

258 NW FIRST AVENUE  
FLORIDA CITY, FL 33034 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 900460  
HOMESTEAD, FL 330900460 US

## New Mailing Address:

FEI Number: 59-1633697

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SACHER, CHARLES P.  
2655 LEJEUNE RD  
SUITE 1101  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

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:

Title: V ( ) Delete  
Name: DIMARE, PAUL J  
Address: 258 NW 1ST AVE  
City-St-Zip: FLORIDA CITY, FL 33034

Title: PD ( ) Delete  
Name: DIMARE, ANTHONY J.  
Address: 258 NW 1ST AVE  
City-St-Zip: FLORIDA CITY, FL 33034

Title: TD ( ) Delete  
Name: DIMARE, SCOTT K  
Address: 258 NW 1ST AVENUE  
City-St-Zip: FLORIDA CITY, FL 33034

Title: SD ( ) Delete  
Name: DIMARE, PAUL J JR  
Address: 258 NW 1ST AVENUE  
City-St-Zip: FLORIDA CITY, FL 33034

Title: VD ( ) Delete  
Name: DIMARE, GINO  
Address: 258 NW 1ST AVENUE  
City-St-Zip: FLORIDA CITY, FL 33034

Title: CFO ( ) Delete  
Name: FOLWELL, RONALD  
Address: 258 NW 1ST AVE  
City-St-Zip: FLORIDA CITY, FL 33034

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CFO (X) Change ( ) Addition  
Name: FOLWELL, RONALD L  
Address: 258 NW 1ST AVE  
City-St-Zip: FLORIDA CITY, FL 33034

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.

SIGNATURE: RONALD L. FOLWELL

CFO

03/23/2009

Electronic Signature of Signing Officer or Director

Date