

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 490092

FILED
Jan 10, 2011
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

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: RONALD L. FOLWELL

CFO

01/10/2011

Electronic Signature of Signing Officer or Director

Date