
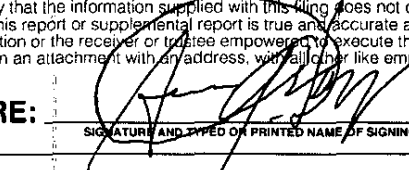


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 25, 2004 8:00 am**  
**Secretary of State**

06-25-2004 90002 029 \*\*\*150.00

<b>DOCUMENT # 565088</b> 1. Entity Name <b>DI - MAR CO, INC.</b>			
Principal Place of Business <b>9601 SW 142ND AVE</b> <b>1321</b> <b>MIAMI, FL 33186 US</b>		Mailing Address <b>9601 SW 142ND AVE</b> <b>1321</b> <b>MIAMI, FL 33186 US</b>	
2. Principal Place of Business <b>5860 SW 156th CT</b> Suite, Apt. #, etc.		3. Mailing Address <b>5860 SW 156th CT</b> Suite, Apt. #, etc.	
City & State <b>MIAMI, FLORIDA</b> Zip <b>33193</b>		City & State <b>MIAMI, FLORIDA</b> Zip <b>33193</b>	
Country <b>MIAMI-DADE</b>		Country <b>MIAMI-DADE</b>	
4. FEI Number <b>59-1784263</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DIAZ, JUAN A</b> <b>9601 SW 142ND AVE</b> <b>MIAMI, FL 33186</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable) <b>5860 SW 156th CT</b>  City <b>MIAMI</b> FL Zip Code <b>33193</b>	
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:  DATE: _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DIAZ, JUAN A. 9601 SW 142ND AVE STE 1321 MIAMI, FL 33186	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DIAZ, MARTA R. 9601 SW 142ND AVE STE 1321 MIAMI, FL 33186	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 #	

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