


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # F02000001482		
1. Entity Name DIMENSION CAPITAL MANAGEMENT LTD., INC.		
Principal Place of Business 701 BRICKELL AVE., SUITE 850 MIAMI, FL 33131		Mailing Address 701 BRICKELL AVE., SUITE 850 MIAMI, FL 33131
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent TORRES, ONOFRE 701 BRICKELL AVE., SUITE 850 MIAMI, FL 33131		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC HERRERA, JULIO R DIAGONAL 6, #10-31, ZONA 10 GUATEMALA CITY, GUATEMALA,	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RODRIGUEZ, CRISTIAN 11 AVENIDA 36-40, ZONA 11 GUATEMALA CITY, GUATEMALA,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORRES, ONOFRE 701 BRICKELL AVE STE. 850 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, will or other like empowered.		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		7/5/07 3053712776 <small>Date Daytime Phone #</small>



07052007 No Chg-P CR2E034 (11/05)

4. FEI Number: **98-0183998** Applied For: ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fees Required

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07/10/07-80004-001 150.00