


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # F02000001482 1. Entity Name DIMENSION CAPITAL MANAGEMENT LTD., INC.	
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Principal Place of Business 701 BRICKELL AVE., SUITE 850 MIAMI, FL 33131	Mailing Address 701 BRICKELL AVE., SUITE 850 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE



01302008 No Chg-P CR2E034 (11/05)

4. FEI Number 98-0183998	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TORRES, ONOFRE 701 BRICKELL AVE., SUITE 850 MIAMI, FL 33131	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

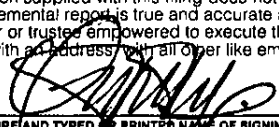
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC HERRERA, JULIO R DIAGONAL 6, #10-31, ZONA 10 GUATEMALA CITY, GUATEMALA.
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
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02/18/08-80035-009 158.75

**DO NOT WRITE
IN THIS SPACE**

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 with all other like empowered.

SIGNATURE:  **2/5/08** **305 371 2776**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #