

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001482

FILED
Mar 06, 2009
Secretary of State

Entity Name: DIMENSION CAPITAL MANAGEMENT LTD., INC.

Current Principal Place of Business:

701 BRICKELL AVE., SUITE 850
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

701 BRICKELL AVE., SUITE 850
MIAMI, FL 33131

New Mailing Address:

FEI Number: 98-0183998

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TORRES, ONOFRE
701 BRICKELL AVE., SUITE 850
MIAMI, FL 33131 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: PC () Delete
Name: HERRERA, JULIO R
Address: DIAGONAL 6, #10-31, ZONA 10
City-St-Zip: GUATEMALA CITY, GUATEMALA,

Title: SD () Delete
Name: RODRIGUEZ, CRISTIAN
Address: 11 AVENIDA 36-40, ZONA 11
City-St-Zip: GUATEMALA CITY, GUATEMALA,

Title: D () Delete
Name: TORRES, ONOFRE
Address: 701 BRICKELL AVE STE. 850
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC (X) Change () Addition
Name: HERRERA, JULIO R
Address: DIAGONAL 6, #10-31, ZONA 10
City-St-Zip: GUATEMALA CITY, XX

Title: SD (X) Change () Addition
Name: RODRIGUEZ, CRISTIAN
Address: 11 AVENIDA 36-40, ZONA 11
City-St-Zip: GUATEMALA CITY, XX

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

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: ONOFRE TORRES

D

03/06/2009

Electronic Signature of Signing Officer or Director

Date