


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000005214 1. Entity Name DIMOR INTERNATIONAL, L.L.C.	
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Principal Place of Business 7621 NW 37 AV MIAMI, FL 33147	Mailing Address 9357 FOUNTAINBLEAU BLVD D-205 MIAMI, FL 33172
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DO NOT WRITE IN THIS SPACE



03122005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1004897	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DIANA, MORILLO 9357 FOUNTAINBLEAU BLVD STE D205 MIAMI, FL 33172

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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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORILLO, DIANA 9357 FOUNTAINBLEU BLVD., D-205 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SALON, WILSON 9357 FOUNTAINBLEU BLVD., D-205 MIAMI, FL 33172
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<p>U000000265251 03/16/05-80051-001 50.00</p> <p>U000000265251 03/16/05-80051-002 5.00</p> DO NOT WRITE IN THIS SPACE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X Diana Morillo 3/12/05 (305) 4318691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #