

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000011652 1. Entity Name DIMAR AND BROTHERS, LLC	
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Principal Place of Business C/O CLINO MED, INC. 3271 NW 7TH ST MIAMI, FL 33125	Mailing Address C/O CLINO MED, INC. 3271 NW 7TH ST MIAMI, FL 33125
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DO NOT WRITE IN THIS SPACE



02162006No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0716756	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BOHATCH, JOHN S ESQ 2600 DOUGLAS RD, PENTHOUSE 8 CORAL GABLES, FL 33134

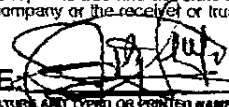
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2006**

8. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAADE, MARISOL 3271 NW 7TH ST MIAMI, FL 33125
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11. 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 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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	2/17/06 Date	3056334225 Daytime Phone #
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