## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# L39018

Title:

Name:

Address:

City-St-Zip:

FILED Apr 23, 2005 Secretary of State

Entity Nam	ne: DIMAR II	ITERNATIONAL CARGO, CC	RP.			
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
8217 NW 66TH ST MIAMI, FL 33166 US				3441 S.W. 162ND AVENUE MIRAMAR, FL 33027 US		
Current Mailing Address:			New Maili	New Mailing Address:		
PO BOX 52 MIAMI, FL	2477 331522477 L	IS				
FEI Number:	65-0191994	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and	Address of	New Registered Agent:	
	JOS, RAFAE 50TH STREE FL 33027					
The above in the State		submits this statement for the	purpose of changing i	ts registered	office or registered agent, or both,	
SIGNATUR	E:					
	Electro	nic Signature of Registered Ag	ent		Date	
Election Cam	paign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD ( MARMOLEJOS 15321 SW 501 MIRAMAR, FL	H STREET	Title: Name: Address: City-St-Zip:	(	( ) Change ( ) Addition	
Title: Name:	VD ( MARMOLEJOS 15321 SW 50		Title: Name: Address:	(	( ) Change ( ) Addition	
Address: City-St-Zip:	MIRAMAR, FL		City-St-Zip:			
	MIRAMAR, FL SD (	33027 US ) Delete i, ELSIE DEL P. H STREET		MARMOLEJO 355 EAST HA	(X) Change()Addition OS, ELSIE DEL P. IRVARD CIRCLE N, IL 60177 US	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: RAFAEL A. MARMOLEJOS PD 04/23/2005

( ) Delete

3678 DERBYS SHIRE RD. APT 110

CASSELBERRY, FL 32707 US

MARMOLEJOS, RAFAEL

(X) Change ( ) Addition

MARMOLEJOS, RAFAEL

4319 TOMLINSON CIRCLE

ORLANDO, FL 32829 US