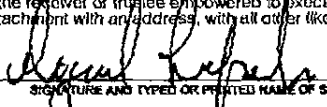


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P00000096311		
1. Entity Name DIMAIO'S GENERAL SERVICE, INC.		
Principal Place of Business 2135 MADEIRA DR WESTON, FL 33327 US		Mailing Address 2135 MADEIRA DR WESTON, FL 33327 US
DO NOT WRITE IN THIS SPACE		
		 01182008 No Chg-P CRZE034 (11/05)
		4. FEI Number 65-1054916 Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LOPARDO, MIGUEL 2135 MADEIRA DR WESTON, FL 33327		DO NOT WRITE IN THIS SPACE
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 renoting) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
		100000442485 03/04/06-80021-001 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOPARDO, MIGUEL 2135 MADEIRA DR WESTON, FL 33327	
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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:  Miguel Lopardo 1/18/06 954-817-5470 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Ongoing Phone #		