

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000087735

1. Entity Name
DIMADA, INC.



Principal Place of Business
520 BRICKELL KEY DRIVE SUITE 0-305
MIAMI, FL 33131

Mailing Address
520 BRICKELL KEY DRIVE SUITE 0-305
MIAMI, FL 33131

APPROVED
AND
FILED
06 APR 14 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PS



04052006 Chg-P CR2E034 (11/05)

4. FEI Number
52-2344114

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TRANSGLOBAL CORPORATE ADMINISTRATION INC.
520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name Transglobal Corporate Administration LLC
Street Address (P.O. Box Number is Not Acceptable)
520 Brickell Key Dr.
#0-305
City Miami FL Zip Code 33131

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 state applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME ROSETTE, JORGE ☐ Delete
STREET ADDRESS 520 BRICKELL KEY DRIVE SUITE 0-305
CITY-ST-ZIP MIAMI, FL 33131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME ROSETTE, MARIA TERESA ☐ Delete
STREET ADDRESS 520 BRICKELL KEY DRIVE SUITE 0-305
CITY-ST-ZIP MIAMI, FL 33131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS
NAME STANHAM, NICHOLAS ☐ Delete
STREET ADDRESS 520 BRICKELL KEY DR., #0-305
CITY-ST-ZIP MIAMI, FL 33131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Assistant Secretary

Nicholas Stanham 4/5/06 3053743800