- 2005 FOR PROFIT CORPORATION **ANNUAL REPORT** 

## FILED Jul 13, 2005 08:00 AM Secretary of State DOCUMENT # P01000106360 1. Entity Name FIRST DIMENSION CORPORATION Principal Place of Business Mailing Address 1515 SW 78TH COURT 1515 SW 78TH COURT MIAMI, FL 33144 MIAMI, FL 33144 07072005 No Cha-P CR2E034 (10/03) Applied For 4. FEI Number 65-1155738 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SOLARY, MARIA 9500 SW 165 STREET MIAMI, FL 33157 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, Registored Agent signature required when reinstating) 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 OFFICERS AND DIRECTORS 10. TITLE J. Prince NAME YARTU, IGNACIO STREET ADDRESS 9500 SW 165 STREET U00000372**4**57 型 07/13/05-80001-019 150.W MIAMI, FL 33157 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DITLE NAME STREET ADDRESS CITY-\$7-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP. TITLE NAME STREET ADDRESS CITY-51-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal affect 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,

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #