


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P0200011199 1. Entity Name DALIMAR CORP.																																																																																																																																																											
Principal Place of Business 6295 42ND STREET NORTH PINELLAS PARK FL 33781			Mailing Address 6295 42ND STREET NORTH PINELLAS PARK FL 33781																																																																																																																																																								
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																								
City & State			City & State																																																																																																																																																								
Zip		Country		4. FEI Number 35-2184341																																																																																																																																																							
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																																																																									
6. Name and Address of Current Registered Agent KAPUSTA, ROBERT JR 100 SECOND AVE S STE 701 ST PETERSBURG FL 33715				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																																																																							
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				FL Zip Code																																																																																																																																																							
SIGNATURE _____ (NOTE: Registered Agent signature required when restoring)																																																																																																																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State																																																																																																																																																											
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Added to Fee																																																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">STD</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>NAME</td> <td>LADJIMI, WANNAS A</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6158 PALMA DEL MAR BLVD</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ST PETERSBURG FL 33715</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>NAME</td> <td>LADJIMI, ERIC</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6158 PALMA DEL MAR BLVD</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ST PETERSBURG FL 33715</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>NAME</td> <td>LAURENT, ABADIE</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>BPT 55500</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>VICE EN-BIGORRE, FRANCE FL 33715</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME	LADJIMI, WANNAS A		NAME			STREET ADDRESS	6158 PALMA DEL MAR BLVD		STREET ADDRESS			CITY-ST-ZIP	ST PETERSBURG FL 33715		CITY-ST-ZIP			TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME	LADJIMI, ERIC		NAME			STREET ADDRESS	6158 PALMA DEL MAR BLVD		STREET ADDRESS			CITY-ST-ZIP	ST PETERSBURG FL 33715		CITY-ST-ZIP			TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME	LAURENT, ABADIE		NAME			STREET ADDRESS	BPT 55500		STREET ADDRESS			CITY-ST-ZIP	VICE EN-BIGORRE, FRANCE FL 33715		CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																																																																								
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add																																																																																																																																																						
NAME	LADJIMI, WANNAS A		NAME																																																																																																																																																								
STREET ADDRESS	6158 PALMA DEL MAR BLVD		STREET ADDRESS																																																																																																																																																								
CITY-ST-ZIP	ST PETERSBURG FL 33715		CITY-ST-ZIP																																																																																																																																																								
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add																																																																																																																																																						
NAME	LADJIMI, ERIC		NAME																																																																																																																																																								
STREET ADDRESS	6158 PALMA DEL MAR BLVD		STREET ADDRESS																																																																																																																																																								
CITY-ST-ZIP	ST PETERSBURG FL 33715		CITY-ST-ZIP																																																																																																																																																								
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add																																																																																																																																																						
NAME	LAURENT, ABADIE		NAME																																																																																																																																																								
STREET ADDRESS	BPT 55500		STREET ADDRESS																																																																																																																																																								
CITY-ST-ZIP	VICE EN-BIGORRE, FRANCE FL 33715		CITY-ST-ZIP																																																																																																																																																								
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add																																																																																																																																																						
NAME			NAME																																																																																																																																																								
STREET ADDRESS			STREET ADDRESS																																																																																																																																																								
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																																																								
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add																																																																																																																																																						
NAME			NAME																																																																																																																																																								
STREET ADDRESS			STREET ADDRESS																																																																																																																																																								
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																																																								
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add																																																																																																																																																						
NAME			NAME																																																																																																																																																								
STREET ADDRESS			STREET ADDRESS																																																																																																																																																								
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																																																								
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 11 if changed, or on an attachment with an address, with all other like empowered																																																																																																																																																											
SIGNATURE: _____ ERIC LADJIMI APR 7 2006 727 5258																																																																																																																																																											