

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # P02000111199 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 - No P.O. Box # State, Apt. #, etc.		3. Mailing Address State, Apt. #, etc.			
City & State		City & State		4. FEI Number 35-2184341 ☐ Applied For ☐ Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$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 _____ DATE _____ Signature typed or printed name of registered agent in the indicated space. If OFF Registered agent signature required when submitting g.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STD LADJIMI, WANNAS A 6158 PALMA DEL MAR BLVD ST PETERSBURG FL 33715	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	000000865032 04/07/08-80012-014 150.00 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD LADJIMI, ERIC 6158 PALMA DEL MAR BLVD ST PETERSBURG FL 33715	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD LAURENT, ABADIE BPT 65500 VICE EN-BIGORRE, FRANCE FL 33715	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: ERIC LADJIMI **MARCH 19 2008** **7275258115**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR