


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000016034**

1. Entity Name  
 DIMARE FLORIDA REALTY, INC.



Principal Place of Business  
 258 NW 1ST AVE.  
 FLORIDA CITY, FL 33034

Mailing Address  
 PO BOX 900460  
 HOMESTEAD, FL 33090

**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number  
 20-5281993

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

SACHER, CHARLES P  
 2655 LEJEUNE RD., SUITE 1101  
 CORAL GABLES, FL 33134

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIMARE, PAUL J 258 NW 1ST AVE. FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIMARE, ANTHONY J 258 NW 1ST AVE. FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIMARE, SCOTT M 258 NW 1ST AVE. FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO FOLWELL, RONALD 258 NW 1ST AVE. FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TAYLOR, CHERYL A 1049 AVE H EAST ARLINGTON, TX 76011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000800059  
 01/31/08-80002-009 150.00

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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:** *Ronald T. Folwell* **1-16-08** **305-245-4211**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #