


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2005 8:00 am
Secretary of State

03-04-2005 90065 015 ***150.00

DOCUMENT # P03000147115
 1. Entity Name
DIMARE DESIGN GROUP, INC.



Principal Place of Business Mailing Address
 21055 N.E. 37TH CT. 21055 N.E. 37TH CT.
 AVENTURA FL 33180 AVENTURA FL 33180

2. Principal Place of Business 3. Mailing Address
 12700 Biscayne Blvd. 12700 Biscayne Blvd.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Ste. 300 Ste. 300

City & State City & State
 N. Miami Beach, FL N. Miami Beach, FL
 Zip Country Zip Country
 33181 Miami-dade 33181

4. FEI Number Applied For
 43-2040153 Not Applicable

6. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DIMARE, DEBORAH
 21055 N.E. 37TH CT.
 AVENTURA FL 33180

7. Name and Address of New Registered Agent
 Name Deborah Rosenberg
 Street Address (P.O. Box Number is Not Acceptable)
 21055 NE 37 CT.
 City Aventura, FL 33180 FL Zip Code 33180

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] DATE 2/21/05
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, 2005 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

TITLE	PST	<input checked="" type="checkbox"/> Delete
NAME	DIMARE, DEBORAH	
STREET ADDRESS	21055 N.E. 37TH CT.	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	V	<input type="checkbox"/> Delete
NAME	DIMARE, CLAUDETTE	
STREET ADDRESS	21055 N.E. 37TH CT.	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rosenberg, Deborah	
STREET ADDRESS	21055 NE 37 CT.	
CITY-ST-ZIP	Aventura, FL 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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 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] DATE 2/21/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #