

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90265 023 ***150.00

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



Principal Place of Business: **12700 BISCAYNE BLVD SUITE 300 MIAMI, FL 33181**
 Mailing Address: **12700 BISCAYNE BLVD SUITE 300 MIAMI FL 33181**



2. Principal Place of Business: Suite. Apt. #, etc.
 3. Mailing Address: Suite. Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State

4. FEI Number **43-2040153**
 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
ROSENBERG, DEBORAH
21055 NE 37 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 Yacht Club Dr. Apt #1706
 City: **Aventura** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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: **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **PST** Delete
 NAME: **DIMARE, DEBORAH**
 STREET ADDRESS: **21055 NE 37 CT**
 CITY-ST-ZIP: **AVENTURA FL 33180**

TITLE: **PST** Change Addition
 NAME: _____
 STREET ADDRESS: **21055 Yacht Club Dr. #1706**
 CITY-ST-ZIP: **Aventura, FL 33180**

TITLE: **V** Delete
 NAME: **DIMARE, CLAUDETTE**
 STREET ADDRESS: **21055 N.E. 37TH CT.**
 CITY-ST-ZIP: **AVENTURA FL 33180**

TITLE: **VP** Change Addition
 NAME: _____
 STREET ADDRESS: **2294 Wrdjamm Way**
 CITY-ST-ZIP: **WPB, FL 33411**

TITLE: _____ Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/06 **305-895-4920**
 Date Daytime Phone #