# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000088777

1. Entity Name
DASIMAR CORP.

FILED
05 OCT 21 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 1484 NW 208 WAY<br>PEMBROKE PINES, FL 33029 | 1484 NW 208 WAY<br>PEMBROKE PINES, FL 33029 |

07182005 Chg-P CR2E034 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 2000 N W 89 PLACE | SAme |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: DORAL FL | City & State: DORAL FlA |
| Zip: 33172 Country: MIAMI-DADE | Zip: Country: |

4. FEI Number: 33-1095519 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| PEREYRA, SILVIA<br>1484 NW 208 WAY<br>PEMBROKE PINES, FL 33029 | Name<br>Street Address (P.O. Box Number is Not Acceptable): 671 N.W. 215 AVE<br>City: Pembroke Pines FL Zip Code: 33029 |

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**
**Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VS<br>PEREYRA, SILVIA G<br>1484 NW 208 WAY<br>PEMBROKE PINES, FL 33029 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>671 N.W 215AVE.<br>Pembroke Pines FlA 33029 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PT<br>FARIA, DANILO<br>1484 NW 208 WAY<br>PEMBROKE PINES, FL 33029 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>671 N.W. 215 AVE<br>Pembroke Pines FlA 33029 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>800060866338<br>10/21/05--01050--008 **150.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone