

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P04000171484</b> 1. Entity Name <b>DIMALEX CORP.</b>						<div style="font-size: 24px; font-weight: bold; transform: rotate(-15deg);">FILED</div> <div style="font-size: 18px; transform: rotate(-15deg);">05 APR 12 PM 3:32</div> <div style="font-size: 14px; transform: rotate(-15deg);">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 19501 WEST COUNTRY CLUB DRIVE APT. 1615 AVENTURA, FL 33180				Mailing Address 19501 WEST COUNTRY CLUB DRIVE APT. 1615 AVENTURA, FL 33180			
2. Principal Place of Business Suite, Apt. #, etc.:				3. Mailing Address Suite, Apt. #, etc.:			
City & State Zip Country				City & State Zip Country			
4. FEI Number <del>APPLIED FOR</del> <b>84-1669028</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>SERBER, DANIEL J</b> <b>TURNBERRY PLAZA, SUITE 801</b> <b>2875 N.E. 191ST STREET</b> <b>AVENTURA, FL 33180</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____							
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>PACIUC BEJA, MARINA MICAELA</b> <b>19501 WEST COUNTRY CLUB DR., APT. 1615</b> <b>AVENTURA, FL 33180</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DIEGO HAAS PACIUC</b> <b>19501 WEST COUNTRY CLUB DR. APT. 1615</b> <b>AVENTURA, FL 33180</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ALEXANDRA HAAS PACIUC</b> <b>19501 WEST COUNTRY CLUB DR. APT. 1615</b> <b>AVENTURA, FL 33180</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>400051394604</b> <b>04/20/05--01050--003 **61.25</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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, without other like empowered.							
<b>SIGNATURE:</b> <u>MARINA PACIUC BEJA</u> <b>MARINA PACIUC BEJA</b> 04/01/05 (BOL) 9326262							