2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 18, 2008 08:00 A **Secretary of State** DOCUMENT # P05000087002 1. Entity Name DINAMAR OF MIAMI, INC. Mailing Address Principal Place of Business 12550 BISCAYNE BLVD. #500 12550 BISCAYNE BLVD. #500 NORTH MIAMI, FL 33181-2541 NORTH MIAMI, FL 33181-2541 CR2E034 (11/05) 03082008 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 71-0984331 Not Applicable \$8.75 Additional 5. Certificate of Status Desired ee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MENENDEZ, JORGE **3750 NE 170TH STREET** SUITE 408 IN THIS SPACE NORTH MIAMI BEACH, FL 33160 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE MENENDEZ, JORGE M Union 125 NAME STREET ADDRESS 3750 NE 170TH STREET, BLDG E408 NORTH MIAMI BEACH, FL 33160 CITY+ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with his filling 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 ess, with all other like empowered

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

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Luzar 2008 (786) 237 5796

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