2007 FOR PROFIT CORPORATION

SIGNATURE: X

Apr 17, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P05000127760 04-17-2007 90041 034 ***150.00 DIMÓ CONVERSIONS, INC Mailing Address Principal Place of Business 3730 68TH AVENUE N.E. 3730 68TH AVENUE N.E. NAPLES, FL 34120 US NAPLES, FL 34120 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2716 5 W 12TH PL 2716 SW 12TH PL Suite, Apt. #, etc. Suite, Apt. #, etc. 03242007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For CAPE CCRAL CORAL 20-3529884 Not Applicable CAPE Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33914 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOHN JIMENEZ S JOHN, JIMENEZ S Street Address (P.O. Box Number is Not Acceptable) 3730 68THAV NE NAPLES, FL 34120 2716 5W 121H PL Zip Code 33914 CAPE CORAL 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 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. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete Change ☐ Addition TITLE TITLE CIMENEZ JOHNS JIMENEZ, JOHN S NAME NAME 2716 5W 12TH PL STREET ADDRESS 3730 68TH AVENUE N.E. STREET ADORESS CAPE COKAL FL 33914 CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34120 Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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 of 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 authorized supplemental report as required by Chapter 607.

FILED