2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2008 8:00 am Secretary of State

DOCUMENT # P07000035018 1. Entity Name DIMACLA CORP					04-21-2008 90083 041 ***150.00				
Principal Place	e of Business								
11010 NW 30TH ST 11010 NW 30TH									
CCS 3305		CCS 3305		•					
MIAMI, FL 33172 MIAMI, FL 33172						I PIIN I BRII BENI EEN EENI		IN INIITAL II 1891	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04142008	Chg-P	CR2E034 (12/0	6)	
City & State		City & State			4. FEI Numbe	394299C		Applied For Not Applicable	
Zip Country		Zip Country		ntry	5. Certificate	of Status Desired	□ \$8.75 Fee Requ	Additional	
6. Name and Address of Current Re		Registered Agent			7. Name and	Address of New R	·	иес	
O. Hamb and Address of Outfork Registered Agent				Name					
	GUERRAZZI, DIEGO S				Charles (D.C. Barrella in Market State Annual				
11010 NW 30TH ST CCS 3305				Street Address (P.O. Box Number is Not Acceptable)					
M'AMI, FL 33172									
ĺ	پ معادیدور			City			FL Zip C	Code	
8. The above	**	ed office or register	red agent, or both	n, in the State of Flo	• —	ith, and accept			
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 gight and title if adopticable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution.									
10.	. OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECT	ORS IN 11	
TITLE	P GUERRAZZI, DIEGO S	☐ Delete	TITL				☐ Chan	ge	
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CITY-ST-ZIP	• 5			'-ST-ZIP				}	
TITLE	VP	. □ Delete	TITL	E		.,	☐ Chan	ge 🔲 Addition	
NAME	VANNINI, CARLOS A			IE .					
STREET ADORESS	11010 NW 30TH ST CCS 3305	₽.		EET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33172	П.	_	-ST-2IP					
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12. I hereby o	certify that the information supplied with	this filing does not qualify for	or the ex	emptions contained	d in Chapter 119,	Florida Statutes. I	further certify that th	e information	
indicated on this report or surplemental report is true and accurate and that my signature shall have the same legal effect as it 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.									