2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2011
Secretary of State

DOCUMENT# P08000002189

Entity Name: DINO'S MARTIN'S, INC.

Current Principal Place of Business:

11293 S.W. KINGSLAKE CIRCLE
PORT ST. LUCIE, FL 34987 US

New Principal Place of Business:

Current Mailing Address:

11293 S.W. KINGSLAKE CIRCLE
PORT ST. LUCIE, FL 34987 US

New Mailing Address:

FEI Number: 26-1700679 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIAZZA, DEAN PRESIDE
11293 SW KINGSLAKE CIRCLE
PORT SAINT LUCIE, FL 34987 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DIR
Name: PIAZZA, DEAN
Address: 11293 S.W. KINGSLAKE CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34987 US

Title: PRES
Name: PIAZZA, DEAN
Address: 11293 S.W. KINGSLAKE CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34987 US

Title: VP
Name: PIAZZA, CHRISTINA
Address: 11293 S.W. KINGSLAKE CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34987 US

Title: SEC
Name: PIAZZA, CHRISTINA
Address: 11293 S.W. KINGSLAKE CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34987 US

Title: TREA
Name: PIAZZA, DEAN
Address: 11293 S.W. KINGSLAKE CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34987 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DEAN PIAZZA PRES 04/23/2011

Electronic Signature of Signing Officer or Director Date