

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000000891

Entity Name: D.I.M., INC.

FILED  
Jan 21, 2007  
Secretary of State

## Current Principal Place of Business:

8360 W. OAKLAND PARK BLVD.  
STE 312  
SUNRISE, FL 33351

## New Principal Place of Business:

10001 W. OAKLAND PARK BLVD.  
STE 203  
SUNRISE, FL 33351

## Current Mailing Address:

10001 W. OAKLAND PARK BLVD.  
STE 203  
SUNRISE, FL 33351

## New Mailing Address:

FEI Number: 65-0394854      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COHEN, DORI  
10001 W OAKLAND PARK BLVD  
#203  
SUNRISE, FL 33351 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete  
Name: COHEN, AVI  
Address: 10001 W. OAKLAND PARK BLVD. #312  
City-St-Zip: SUNRISE, FL 33351

Title: V ( ) Delete  
Name: COHEN, DORI  
Address: 8360 W. OAKLAND PK. BLVD. #312  
City-St-Zip: SUNRISE, FL 33351

Title: V ( ) Delete  
Name: COHEN, SHIMON  
Address: 10001 W. OAKLAND PK. BLVD. #312  
City-St-Zip: SUNRISE, FL 33351

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: AVI COHEN

DPS

01/21/2007

Electronic Signature of Signing Officer or Director

Date