

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000000891

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

FILED
Jan 22, 2008
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

10001 W. OAKLAND PARK BLVD.
STE 202
SUNRISE, FL 33351

Current Mailing Address:

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

New Mailing Address:

10001 W. OAKLAND PARK BLVD.
STE 202
SUNRISE, FL 33351

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:

COHEN, DORI
10001 W OAKLAND PARK BLVD
#202
SUNRISE, FL 33351 US

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:

01/22/2008

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 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

01/22/2008

Electronic Signature of Signing Officer or Director

Date