

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000021350

**FILED**  
**Jan 09, 2011**  
**Secretary of State**

**Entity Name:** DIMENSIONS OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

2600 N MILITARY TRAIL, #270  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

2600 N MILITARY TRAIL, #270  
BOCA RATON, FL 33431

**New Mailing Address:**

**FEI Number:** 65-0838084

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEHMAN, RICHARD  
2600 N MILITARY TRAIL, #270  
BOCA RATON, FL 33431 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: P  
Name: CILLONIZ, RICARDO  
Address: 701 BRICKELL AVE., #3000  
City-St-Zip: MIAMI, FL 33131

Title: S  
Name: BUSTAMANTE, RENEE  
Address: 701 BRICKELL AVE., #3000  
City-St-Zip: MIAMI, FL 33131

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: BUSTAMANTE RENEE

S

01/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date