

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000074943

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

FILED
Jul 14, 2005
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

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, SHIMON
8360 OAKLAND PARK BLVD., STE 312
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, SHIMON
Address: 8360 OAKLAND PARK BLVD., STE 312
City-St-Zip: SUNRISE, FL 33351 US

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

Title: V () Delete
Name: COHEN, AVI
Address: 8360 WEST OAKLAND PARK 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 Section 119.07(3)(i), 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: SHIMON COHEN

DPS

07/14/2005

Electronic Signature of Signing Officer or Director

Date