
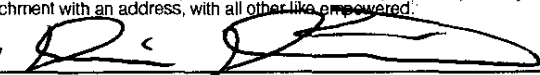


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90021 019 \*\*\*150.00

<b>DOCUMENT # P95000023012</b>					
<b>1. Entity Name</b> DIMARSI, INC.					
<b>Principal Place of Business</b> 17 S ATLANTIC BLVD #R 120 FT LAUDERDALE, FL 33316 US			<b>Mailing Address</b> 17 S ATLANTIC BLVD #R 120 FT LAUDERDALE, FL 33316 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0573237	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
D'ERRICO, SILVIA A 103 ROYAL PARK DR. CONDO # 2-D OAKLAND PARK, FL 33309			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D D'ERRICO MARCELLO JR. 1905 N ATLANTIC BLVD, # 4-A FORT LAUDERDALE, FL 33305	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D D'ERRICO DINO 4800 HILLCREST LANE # 510 HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete	D Dino D'Errico 5132 S. University Dr. Davie FL. 33328	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
D DERRICO, SILVIA A 103 ROYAL PARK DR 2 D OAKLAND PARK, FL 33309	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D D'ERRICO, MARCEZ P 1905 N ATLANTIC BLVD, # 4-A FORT LAUDERDALE, FL 33305	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
PD D'ERRICO, STEFANIA R 1905 N ATLANTIC BLVD, # 4-A FORT LAUDERDALE, FL 33305	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
_____ _____ _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> 			12-10-04 (854) 522-5336		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		