2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000023012

1. Entity Name
DIMARSI, INC.

Principal Place of Business	Mailing Address
17 S ATLANTIC BLVD #R 120 FT LAUDERDALE, FL 33316 US	17 S ATLANTIC BLVD #R 120 FT LAUDERDALE, FL 33316 US

01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0573237
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

D'ERRICO, SILVIA A
103 ROYAL PARK DR.
CONDO # 2-D
OAKLAND PARK, FL 33309

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	D'ERRICO MARCELLO JR.
STREET ADDRESS	1905 N ATLANTIC BLVD, # 4-A
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305
TITLE	D
NAME	D'ERRICO DINO
STREET ADDRESS	3132 S UNIVERSITY DR
CITY-ST-ZIP	DAVIE, FL 33328
TITLE	D
NAME	DERRICO, SILVIA A
STREET ADDRESS	103 ROYAL PARK DR 2 D
CITY-ST-ZIP	OAKLAND PARK, FL 33309
TITLE	D
NAME	D'ERRICO, MARCEZ P
STREET ADDRESS	1905 N ATLANTIC BLVD, # 4-A
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305
TITLE	PD
NAME	D'ERRICO, STEFANIA R
STREET ADDRESS	1905 N ATLANTIC BLVD, # 4-A
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/17/05-80045-001 150.00

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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.

SIGNATURE: ✓ STEFANIA R D'ERRICO Stefania R D'Errico ✓ 3/14/05 ✓ 954-522-5336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #