

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90129 017 ***150.00

DOCUMENT # P95000023012

1. Entity Name
DIMARSI, INC.



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

Mailing Address
**17 S ATLANTIC BLVD
#R 120
FT LAUDERDALE, FL 33316 US**

50006210



03022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0573237	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	PO
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	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/24/06 ✓ 954-522-5336