


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 22, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000037276 1. Entity Name DIMCOR OF SOUTH FLORIDA CORP.	
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Principal Place of Business 2601 SW 37 AVE #804 MIAMI, FL 33031	Mailing Address 21050 NE 38 AVE # 1405 AVENTURA, FL 33180
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DO NOT WRITE IN THIS SPACE



05202008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0593091	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SEVILLIA, MARCOS E 21050 NE 38 AVE # 1405 AVENTURA, FL 33180
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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 _____ <small>Signature (typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent Signature required when constituting)</small> DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP SEVILLIA, MARCOS E 21050 NE 38 AVE # 1405 AVENTURA, FL 33180
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06/04/08-80057-015 150.00

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 file 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 full or partial empowerment.

SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	5/18/08 <small>Date</small>	3059046065 <small>Daytime Phone #</small>
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