

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000034203

1. Entity Name
DIMAGO EXPORT-IMPORT, INC.



Principal Place of Business
3630 SAN SIMEON CIRCLE
FORT LAUDERDALE, FL 33331

Mailing Address
P.O. BOX 830246
MIAMI, FL 33283

**FILED
Jan 30, 2006 8:00 am
Secretary of State**

01-30-2006 90052 042 ***150.00

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01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0661088	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARI, MANUEL J
250 BIRD ROAD
205
CORAL GABLES, FL 33146

**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	P
NAME	MAZZINI, THAIS
STREET ADDRESS	P.O. BOX 830246
CITY-ST-ZIP	MIAMI, FL 33283

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

1-12-2006 305-4123654

Date

Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**