


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90067 038 \*\*\*150.00

<b>DOCUMENT # P00000096311</b> 1. Entity Name <b>DIMAIO'S GENERAL SERVICE, INC.</b>					
Principal Place of Business <b>1005 NW 81 TERRACE PLANTATION, FL 33322 US</b>			Mailing Address <b>1005 NW 81 TERRACE BAY 42 PLANTATION, FL 33322 US</b>		
2. Principal Place of Business <b>2135 MADEIRA Dr.</b>		3. Mailing Address <b>2135 MADEIRA Dr.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>WESTON, FL</b>		City & State <b>WESTON, FL</b>		4. FEI Number <b>65-1054916</b>	
Zip <b>33327</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LOPARDO, MIGUEL 1005 NW 81 TERRACE PLANTATION, FL 33322</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2135 MADEIRA DR.</b> City <b>WESTON</b> <b>FL</b> Zip Code <b>33327</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. SIGNATURE <u><i>Miguel Lapardo</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LOPARDO, MIGUEL 1005 NW 81N TERRACE PLANTATION, FL 33322	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2135 MADEIRA DR. WESTON, FL 33327	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Miguel Lapardo</i></u> <b>Miguel Lapardo</b> <b>1/15/2005</b> <b>954-817-5470</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #					