

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 26, 2005 08:00 AM
Secretary of State**

DOCUMENT # F99000005826

1. Entity Name
CIM USA INC.

Principal Place of Business

**10813 NW 30TH STREET
SUITE 108
MIAMI, FL 33172**

Mailing Address

**10813 NW 30TH STREET
SUITE 108
MIAMI, FL 33172**

DO NOT WRITE IN THIS SPACE



03222005 No Chg-P CR2E034 (10/03)

4. FEI Number
52-2172236

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**PETERSON, MADS
10813 NW 30TH STREET
SUITE 108
MIAMI, FL 33172**

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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, 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 | PCD |
| NAME | MUCELLI, ALBERTO |
| STREET ADDRESS | 10813 NW 30TH STREET STE 108 |
| CITY-ST-ZIP | MIAMI, FL 33172 |
| TITLE | VD |
| NAME | MUCELLI, SANDRO |
| STREET ADDRESS | 10813 NW 30TH STREET STE 108 |
| CITY-ST-ZIP | MIAMI, FL 33172 |
| TITLE | S |
| NAME | PAVIA, GEORGE M |
| STREET ADDRESS | 600 MADISON AVENUE |
| CITY-ST-ZIP | NEW YORK, NY 10022 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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03/26/05-80028-016 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone If

x 3/24/05 305-639-3040