


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # K46516**

1. Entity Name  
**CLIDIMEC, INC.**



Principal Place of Business  
**115 S.W. 127 AVE.**  
**MIAMI, FL 33184-1310**

Mailing Address  
**115 S.W. 127 AVE.**  
**MIAMI, FL 33184-1310**



01162007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0090659</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DIEGO, MARIA LUISA**  
**115 S.W. 127 AVE.**  
**MIAMI, FL 33184**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>TORRE-COYA, IVONNE F.</b> <b>115 S.W. 127 AVE.</b> <b>MIAMI, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>DIEGO, MARIA LUISA</b> <b>115 S.W. 127 AVE.</b> <b>MIAMI, FL</b>
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 02/21/07-80053-008 150.00

**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:** I. Torre-Coya **02/02/07** **(305) 854 5920**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #