


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000054864</b>	
1. Entity Name <b>VIMARJU CORPORATION</b>	

Principal Place of Business <b>169 EAST FLAGLER SUITE 1600 MIAMI, FL 33131</b>	Mailing Address <b>169 EAST FLAGLER SUITE 1600 MIAMI, FL 33131</b>
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**DO NOT WRITE IN THIS SPACE**



03162006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>52-1336713</b>	Applied For <input type="checkbox"/> 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

**ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVENUE  
SUITE 125  
CORAL GABLES, FL 33146**

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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 \_\_\_\_\_ (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

000000480589  
04/10/06-80048-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINDENFELD, DANYA 169 EAST FLAGLER, SUITE 1620 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LINDENFELD, MARTIN 169 EAST FLAGLER, SUITE 1620 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LINDENFELD, ELSA 169 EAST FLAGLER, SUITE 1620 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RESSLER, GARY 169 EAST FLAGLER, SUITE 1620 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **Danya Lindenfeld** 3/24/06 305-3743677

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