

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000006710

Entity Name: BIMER CORP.

FILED
Mar 14, 2005
Secretary of State

Current Principal Place of Business:

1420 BRICKELL BAY DRIVE
#1503
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

300 ARAGON AVENUE
SUITE 250
CORAL GABLES, FL 33134

New Mailing Address:

7950 W. FLAGLER ST.,
SUITE 107
MIAMI, FL 33144

FEI Number: 02-0577819

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORALES, YOLANDA ESQ.
300 ARAGON AVE.
SUITE 250
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

DE LOS SANTOS, DORA I
7950 W. FLAGLER ST.,
SUITE 107
MIAMI, FL 33144 US

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.

SIGNATURE: DORA I. DE LOS SANTOS

03/14/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: WATED, ELIAS
Address: 1420 BRICKELL BAY DRIVE, NO. 1503
City-St-Zip: MIAMI, FL 33131

Title: DPT () Delete
Name: WATED, ELIAS
Address: 1420 BRICKELL BAY DRIVE, NO. 1503
City-St-Zip: MIAMI, FL 33131

Title: DSV () Delete
Name: WATED, BEATRIZ
Address: 1420 BRICKELL BAY DRIVE, NO. 1503
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIAS WATED

DPT

03/14/2005

Electronic Signature of Signing Officer or Director

Date