

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000006710

Entity Name: BIMER CORP.

FILED
Mar 16, 2009
Secretary of State

Current Principal Place of Business:

1420 BRICKELL BAY DRIVE
#1503
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

9040 S W 78 CT,
MIAMI, FL 33156 US

New Mailing Address:

FEI Number: 02-0577819

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE LOS SANTOS, DORA I
9040 SW 78 CT,
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

WATED, ELIAS
9040 SW 78 CT,
MIAMI, FL 33156 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: ELIAS WATED

03/16/2009

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 US

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVPT (X) Change () Addition
Name: DE WATED, BEATRIZ
Address: 1420 BRICKELL BAY DRIVE, NO. 1503
City-St-Zip: MIAMI, FL 33131 US

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

03/16/2009

Electronic Signature of Signing Officer or Director

Date