## 2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000051402

**Entity Name: CIMO CORP** 

**Current Principal Place of Business:** 

5445 COLLINS AV 726

MIAMI BEACH, FL 33140

**Current Mailing Address:** 

5445 COLLINS AV **CU10** 

MIAMI BEACH, FL 33140 US

FEI Number: 80-0868675 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PRIMAVESI, ALBERTO 5445 COLLINS AVE **CU10** 

MIAMI BEACH, FL 33140 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:

Electronic Signature of Registered Agent

Date

**FILED** Mar 25, 2013

**Secretary of State** 

CC3917311348

Officer/Director Detail:

Title Title

Name BIANCONI, MONICA Name COULLERY, OSCAR

5445 COLLINS AV SUITE 726 Address 5445 COLLINS AV SUITE 726 Address MIAMI BEACH FL 33140 City-State-Zip: MIAMI BEACH FL 33140 City-State-Zip:

Title MGR Title GM

Name COULLERY, OSCAR JR COULLERY, MAURICIO Name Address 5445 COLLINS AV SUITE 726 Address 5445 COLLINS AV SUITE 726 City-State-Zip: MIAMI BEACH FL 33140 City-State-Zip: MIAMI BEACH FL 33140

Title **AVP** 

Name COULLERY, ROMINA

Address 5445 COLLINS AV SUITE 726

City-State-Zip: MIAMI BEACH FL 33140

I hereby 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 all other like empowered.

SIGNATURE: MONICA BIANCONI Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

03/25/2013