

**2015 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:**

7631 SW 146 AVE  
MIAMI, FL 33183 US

**FEI Number:** 80-0868675

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BIANCONI, MONICA J  
5445 COLLINS AV  
726  
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

**Officer/Director Detail :**

Title P  
Name BIANCONI, MONICA  
Address 5445 COLLINS AV SUITE 726  
City-State-Zip: MIAMI BEACH FL 33140

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

Title MGR  
Name COULLERY, MAURICIO  
Address 5445 COLLINS AV SUITE 726  
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

Title GM  
Name COULLERY, OSCAR JR  
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

**PRESIDENT**

**02/01/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date