


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2007 08:00 AM
Secretary of State

DOCUMENT # 359120	
1. Entity Name CIMA INVESTMENTS CORPORATION INC	
	
Principal Place of Business 1305 SW 30TH AVE MIAMI, FL 33145	Mailing Address C/O IVAN A. GOMEZ, ESQ. 601 BRICKELL KEY DRIVE # 507 MIAMI, FL 33131 US



02242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1320651	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent IAG CORPORATE SERVICES, INC. 601 BRICKELL KEY DRIVE SUITE 507 MIAMI, FL 33131	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000677022 03/30/07-80086-019 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CIMADEVILLA, MANUEL 1305 SW 30TH AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CIMADEVILLA, MANUEL 1305 S.W. 30TH AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CIMADEVILLA, DIGNORA 1305 S.W. 30TH AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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 empowerments.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Manuel Cima Devilla, President
Date _____ Daytime Phone # (305) 371-9213