

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F17980

1. Entity Name
KIMA CORPORATION



Principal Place of Business
2629 DAVIE BOULEVARD
FT LAUDERDALE, FL 33312

Mailing Address
2629 DAVIE BOULEVARD
FT LAUDERDALE, FL 33312

FILED
Feb 02, 2005 08:00 AM
Secretary of State



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2060174

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ADAY, CANDIDA O
5990 SW 21 STREET
PLANTATION, FL 33317

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

1100000211095

02/02/05-80107-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	GOMEZ, JANIUZ
STREET ADDRESS	5990 SW 21 STREET
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	PD
NAME	ADAY, CANDIDA O
STREET ADDRESS	5990 SW 21 STREET
CITY-ST-ZIP	PLANTATION, FL 33317
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 exemption stated in Section 119.07(3)(l), 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 empowered.

SIGNATURE: CANDIDA O. ADAY *Candida O. Aday*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/05 (954) 583-9433

Date

Daytime Phone #