

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H87887

Entity Name: MIMAR, INC.

FILED  
May 01, 2007  
Secretary of State

**Current Principal Place of Business:**

233 95TH STREET  
SURFSIDE, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

233 95TH STREET  
SURFSIDE, FL 33154

**New Mailing Address:**

P.O. BOX 547152  
SURFSIDE, FL 33154

FEI Number: 59-2668909

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SKORDILIS, SPIROS  
233 95TH STREET  
SURFSIDE, FL 33154 US

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

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: SKORDILIS, SPIROS  
Address: 233 95TH STREET  
City-St-Zip: SURFSIDE, FL 33154

Title: DV ( ) Delete  
Name: SKORDILIS, CLEOPATRA  
Address: 233 95TH STREET  
City-St-Zip: SURFSIDE, FL 33154

Title: SD ( ) Delete  
Name: SKORDILIS, JENNY  
Address: 233 95TH STREET  
City-St-Zip: SURFSIDE, FL 33154

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: J.SKORDILIS

SD

05/01/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date