2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 21, 2005 8:00 am Secretary of State DOCUMENT # P01000121353 04-21-2005 90242 032 ***150.00 1. Entity Name **BIMENTA CORPORATION** 40064766 Principal Place of Business Mailing Address 4711 N.W 79TH STREET, SUITE 20 T 4711 N.W 79TH STREET, SUITE 20 T MIAMI, FL 33166 MIAMI, FL 33166 2. Principal Place of Business 12330 SW 53rd Street 3. Mailing Address 12330 SW 53rd Street Suite, Apt. #, etc Suite, Apt. #, etc. Suite 702 03112005 Chg-P CR2E034 (10/03) 702 Suite City & State Applied For 4. FEI Number City & State Cooper City, Florida Florida Cooper 14-1856740 Not Applicable Country U.S.A. \$8.75 Additional 5. Certificate of Status Desired *33330* U.S.A. ろうろろの Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MENESES, MAURICIO Street Address (P.O. Box Number is Not Agceptable) 12330 SW 53 PO STreet - Swite 702 4711 N.W 79TH STREET, SUITE 20 T MIAMI, FL 33166 City Cooper City Zip Code ろうううつ 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_ DATE (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Addition D ☐ Delete TITLE TITLE MORRISON, BEATRIZ NAME NAME 12330 SW 53rd Street. Suite 702 Cooper City, FL. 33330 4711 N.W 79TH STREET, SUITE 20 T STREET ADDRESS STREET ADDRESS MIAMI, FL 33166 CITY-ST-ZIP CITY-ST-ZIP X Change ■ Addition ☐ Delete TITLE TITLE NAME MENESES, MAURICIO NAME 12330 SW 53rd Street, Suite 702 STREET ADDRESS STREET ADDRESS 4711 N.W 79TH STREET, SUITE 20 T FL. 33330 MIAMI, FL 33166 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

GNING OFFICER OR DIRECTOR

FILED