

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 30, 2007 08:00 AM
Secretary of State**

DOCUMENT # P02000018660

1. Entity Name
CIMS HOMES, CORPORATION



Principal Place of Business
**7601 WEST 16TH COURT
HIALEAH, FL 33014**

Mailing Address
**7601 WEST 16TH COURT
HIALEAH, FL 33014**



04262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0619798	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NARANJO, SUSANA
7601 WEST 16TH COURT
HIALEAH, FL 33014**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000748048

05/16/07-80053-011 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NARANJO, SUSANA 7601 WEST 16TH COURT HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NARANJO, ISMAEL 7601 WEST 16TH COURTH HIALEAH, FL 33014
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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 empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/07 (305) 823 8887
Date Daytime Phone #