

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000116816

FILED
Mar 04, 2009
Secretary of State

Entity Name: CIMA, CORP.

Current Principal Place of Business:

17275 COLLINS AVE #811
NORTH MIAMI, FL 33160

New Principal Place of Business:

17275 COLLINS AVE # 811
NORTH MIAMI, FL 33160

Current Mailing Address:

17275 COLLINS AVE #811
NORTH MIAMI, FL 33160

New Mailing Address:

17275 COLLINS AVE # 811
NORTH MIAMI, FL 33160

FEI Number: 56-2406149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLDAVINI, GUILLERMO
17275 COLLINS AVE #811
NORTH MIAMI, FL 33160 US

Name and Address of New Registered Agent:

SOLDAVINI, GUILLERMO
17275 COLLINS AVE # 811
NORTH MIAMI, FL 33160 US

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

03/04/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SOLDAVINI, GUILLERMO
Address: 17275 COLLINS AVE #811
City-St-Zip: NORTH MIAMI, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SOLDAVINI, GUILLERMO
Address: 17275 COLLINS AVE # 811
City-St-Zip: NORTH MIAMI, FL 33160

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: GUILLERMO SOLDAVINI

PD

03/04/2009

Electronic Signature of Signing Officer or Director

Date