

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000027465

Entity Name: MIMA DEVELOPMENTS, INC.

FILED
Mar 31, 2006
Secretary of State

Current Principal Place of Business:

18851 NE 29TH AVENUE
STE 900
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

18851 NE 29TH AVENUE
STE 900
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 20-0960093

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROTH, LEONARDO A
18851 NE 29TH AVENUE
STE 900
AVENTURA, FL 33180 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: WAINRIB, ALEJANDRO
Address: 18851 NE 29TH AVENUE, SUITE 900
City-St-Zip: AVENTURA, FL 33180

Title: DVT () Delete
Name: PAOLA AZAR, VALERIA
Address: 18851 NE 29TH AVENUE, SUITE 900
City-St-Zip: AVENTURA, FL 33180

Title: D (X) Delete
Name: HORGIAN, FERNANDO
Address: 18851 NE 29TH AVENUE, SUITE 900
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: SANTURIAN, RUBEN A
Address: 18851 NE 29TH AVENUE, SUITE 900
City-St-Zip: AVENTURA, FL 33180

Title: DVT (X) Change () Addition
Name: BROGNO, SILVIA R
Address: 18851 NE 29TH AVENUE, SUITE 900
City-St-Zip: AVENTURA, FL 33180

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RUBEN SANTURIAN

DPS

03/31/2006

Electronic Signature of Signing Officer or Director

Date