


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000054864

1. Entity Name
VIMARJU CORPORATION



Principal Place of Business Mailing Address

**169 EAST FLAGLER
 SUITE 1600
 MIAMI, FL 33131**

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 SUITE 1600
 MIAMI, FL 33131**

DO NOT WRITE IN THIS SPACE



03162006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
52-1336713 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ATRIUM REGISTERED AGENTS, INC.
 1500 SAN REMO AVENUE
 SUITE 125
 CORAL GABLES, FL 33146**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000480589
 04/10/06-80048-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LINDENFELD, DANYA
STREET ADDRESS	169 EAST FLAGLER, SUITE 1620
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	VD
NAME	LINDENFELD, MARTIN
STREET ADDRESS	169 EAST FLAGLER, SUITE 1620
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	TD
NAME	LINDENFELD, ELSA
STREET ADDRESS	169 EAST FLAGLER, SUITE 1620
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	SD
NAME	RESSLER, GARY
STREET ADDRESS	169 EAST FLAGLER, SUITE 1620
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  **Danya Lindenfeld** 3/24/06 305-3143677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cayman Phone #