

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 27, 2006 8:00 am
Secretary of State

04-05-2006 90154 013 ***150.00

DOCUMENT # P05000124676

1. Entity Name

WIMA, INC.



Principal Place of Business

16850-112 COLLINS AVENUE
 269
 SUNNY ISLES BEACH FL 33160

Mailing Address

16850-112 COLLINS AVENUE
 269
 SUNNY ISLES BEACH FL 33160



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State

City & State

4. FEI Number

2013450396

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BANYM, INC.
 16850-112 COLLINS AVENUE
 269
 SUNNY ISLES BEACH FL 33160

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 resigning)

DATE

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P/D Delete
 NAME: COHEN, WILLIAM
 STREET ADDRESS: 16850-112 COLLINS AVENUE #269
 CITY-ST-ZIP: SUNNY ISLES BEACH FL 33160

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: VP/D Delete
 NAME: COHEN, MARTINE
 STREET ADDRESS: 16850-112 COLLINS AVENUE #269
 CITY-ST-ZIP: SUNNY ISLES BEACH FL 33160

TITLE: Change Addition
 NAME:
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 CITY-ST-ZIP:

TITLE: Delete
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

[Handwritten Signature]
 Date: 2/16/2006
 Daytime Phone #