
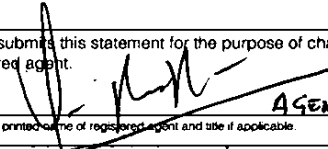
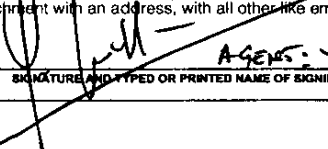


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90029 025 ***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 - No P.O. Box #		3. Mailing Address 76 DANYM INC 16850-112 COLLINS AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 269	
City & State		City & State SUNNY ISLES BEACH, FLORIDA	
Zip	Country	Zip	Country
33160	USA-	33160	USA-
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BANYM, INC. 16850-112 COLLINS AVENUE 269 SUNNY ISLES BEACH, FL 33160		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 		AGENTS: YVES MULLER JANUARY 23, 2007	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D COHEN, WILLIAM 16850-112 COLLINS AVENUE #269 SUNNY ISLES BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D COHEN, MARTINE 16850-112 COLLINS AVENUE #269 SUNNY ISLES BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		AGENTS: YVES MULLER JANUARY 23, 2007 - 7862032042	
Signature, typed or printed name of signing officer or director		Date Daytime Phone #	