

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000124676

Entity Name: WIMA, INC.

FILED  
Apr 13, 2011  
Secretary of State

**Current Principal Place of Business:**

9802-12 BAYMEADOWS ROAD., #176  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

9471 BAYMEADOWS ROAD  
404  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

9802-12 BAYMEADOWS ROAD., #176  
JACKSONVILLE, FL 32256

**New Mailing Address:**

9471 BAYMEADOWS ROAD  
404  
JACKSONVILLE, FL 32256

FEI Number: 20-3450396

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOYER, FRANCIS M ESQ  
8777 SAN JOSE BLVD., SUITE 803  
JACKSONVILLE, FL 32217 US

**Name and Address of New Registered Agent:**

BOYER, FRANCIS M ESQ  
9471 BAYMEDOWS ROAD  
404  
JACKSONVILLE, FL 32256 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: FRANCIS M. BOYER

04/13/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: COHEN, WILLIAM  
Address: 9471 BAYMEADOWS ROAD, SUITE404  
City-St-Zip: JACKSONVILLE, FL 32256

Title: VPD  
Name: COHEN, MARTINE  
Address: 9471 BAYMEADOWS ROAD, SUITE404  
City-St-Zip: JACKSONVILLE, FL 32256

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM COHEN

PD

04/13/2011

Electronic Signature of Signing Officer or Director

Date