


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90090 028 ***150.00

DOCUMENT # P06000016521 1. Entity Name C.I.M.S. CONSTRUCTION CORP.					
Principal Place of Business 2500 W. 79TH STREET HIALEAH, FL 33016			Mailing Address 2325 W. 60TH STREET E106 HIALEAH, FL 33016		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 7601 W. 16 CT			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Hialeah, FL		4. FEI Number 20-4597435	
Zip		Zip 33014		Country USA	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NARANJO, ISMAEL 9972 N. W. 128 TERRACE HIALEAH GARDENS, FL 33018			7. Name and Address of New Registered Agent Name ISMAEL NARANJO Street Address (P.O. Box Number is Not Acceptable) 7601 W. 16 CT City Hialeah FL Zip Code 33014		
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, 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 NARANJO, ISMAEL 9972 N. W. 128 TERRACE HIALEAH GARDENS, FL 33018 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Ismael Naranjo</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/26/07 (305) 823 8887</u> <small>Date Daytime Phone #</small>		