

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000078692

Entity Name: S.F. VIMA, INC.

FILED
Jan 24, 2011
Secretary of State

Current Principal Place of Business:

881 OCEAN DRIVE
8F
KEY BISCAVNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD,
SUITE 1050
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 26-3240680

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA INC
2121 PONCE DE LEON BLVD.
SUITE 1050
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: GIRALDO, VICTORIA
Address: 881 OCEAN DR. APT. 8F
City-St-Zip: KEY BISCAVNE, FL 33149

Title: SD
Name: GIRALDO, SONIA
Address: 881 OCEAN DR. APT. 8F
City-St-Zip: KEY BISCAVNE, FL 33149

Title: TD
Name: GIRALDO, VICTOR
Address: 881 OCEAN DR. APT. 8F
City-St-Zip: KEY BISCAVNE, FL 33149

Title: VP
Name: GIRALDO, FABIOLA
Address: 881 OCEAN DR APT. 8F
City-St-Zip: KEY BISCAVNE, FL 331314

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: VICTORIA GIRALDO

PD

01/24/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date