

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000045999

FILED
Feb 03, 2009
Secretary of State

Entity Name: GALERIAS COMERCIALES CIMA, INC.

Current Principal Place of Business:

404 VITTORIO AVE
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

13274 NW 2ND TERRACE
MIAMI, FL 33182 US

New Mailing Address:

404 VITTORIO AVE
CORAL GABLES, FL 33146

FEI Number: 65-0674373

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, MARIA-ELENA
430 GERONA AVE
CORAL GABLES, FL 33146 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVTD (X) Delete
Name: LOPEZ, MANUEL
Address: 404 VITTORIO AVE
City-St-Zip: CORAL GABLES, FL 33146

Title: VPAS () Delete
Name: LOPEZ, CONCEPCION
Address: 404 VITTORIO AVE
City-St-Zip: CORAL GABLES, FL 33146

Title: VS () Delete
Name: LOPEZ, MARIA-ELENA
Address: 430 GERONA AVE
City-St-Zip: MIAMI, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPSD (X) Change () Addition
Name: LOPEZ, CONCEPCION
Address: 404 VITTORIO AVE
City-St-Zip: CORAL GABLES, FL 33146

Title: PTD (X) Change () Addition
Name: LOPEZ, MARIA-ELENA
Address: 430 GERONA AVE
City-St-Zip: MIAMI, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARIA-ELENA LOPEZ

PSD

02/03/2009

Electronic Signature of Signing Officer or Director

Date