

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000005611

**FILED**  
**Feb 27, 2011**  
**Secretary of State**

**Entity Name:** SIMA VENTURES SERVICES, INC.

**Current Principal Place of Business:**

335 COSTENERA RD.  
CORAL GABLES, FL 33143

**New Principal Place of Business:**

335 COSTANERA RD.  
CORAL GABLES, FL 33143

**Current Mailing Address:**

PO BOX 654608  
MIAMI, FL 33265

**New Mailing Address:**

**FEI Number:** 65-0733192

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MILLOR, MANNY  
151 PALOMA DR  
CORAL GABLES, FL 33143 US

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

MILLOR, MANNY  
335 COSTANERA RD  
CORAL GABLES, FL 33143 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:

02/27/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MILLOR, MANUEL J PRES  
Address: 335 COSTANERA RD  
City-St-Zip: CORAL GABLES, FL 33143

Title: V  
Name: MILLOP, SILVIA VP  
Address: 335 COSTANERA RD  
City-St-Zip: CORAL GABLES, FL 33143

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: MANUEL MILLOR

PRES

02/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date