2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 25, 2006 08:00 AM **Secretary of State** DOCUMENT # P98000073161 1. Entity Name FIMA ENTERPRISES, INC. Principal Place of Business Mailing Address 1501 S.W. LEIEUNE ROAD 1501 S.W. LEJEUNE ROAD CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 01052006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0859207 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FORMAN, TERRY J DO NOT WRITE 1501 S.W. LEJEUNE ROAD CORAL GABLES, FL 33134 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DPS TITLE NAME FALIC, NILY STREET ADDRESS 9999 COLLINS AVENUE 3A CUTY-ST-ZIP BAL HARBOUR, FL 33154 DDF STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 5D7, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all paper like empowered.

NAME OF SIGN

NG OFFICER OR DIRECTOR

FILED