


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000045626

1. Entity Name
CIMA MANAGEMENT CORP.



Principal Place of Business 2140 WEST FLAGLER STREET SUITE 109 MIAMI, FL 33135-1662	Mailing Address 2140 WEST FLAGLER STREET SUITE 109 MIAMI, FL 33135-1662
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DO NOT WRITE IN THIS SPACE



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0924345	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, EDITH
 2140 WEST FLAGLER STREET
 SUITE 109
 MIAMI, FL 33135-1662

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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, 2004 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000074903
 03/03/04-80038-024 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GONZALEZ, EDITH T 287 N. COCONUT LANE MIAMI BEACH, FL 331395161
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD GONZALEZ, ERNESTO JR 2140 WEST FLAGLER STREET., #109 MIAMI, FL 331351662
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD GONZALEZ, RALPH A 2140 WEST FLAGLER STREET., #109 MIAMI, FL 331351662
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Edith Gonzalez* **EDITH GONZALEZ** **2-10-04** **305-541-2715**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #