


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2005 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

**DO NOT WRITE IN THIS SPACE**



01272005 No Chg-P CR2E034 (10/03)

4. FEI Number: 65-0924345  
Applied For:  Not Applicable:

5. Certificate of Status Desired:  \$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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GONZALEZ, EDITH T
STREET ADDRESS	297 N. COCONUT LANE
CITY-ST-ZIP	MIAMI BEACH, FL 331395161
TITLE	VSD
NAME	GONZALEZ, ERNESTO JR
STREET ADDRESS	2140 WEST FLAGLER STREET., #109
CITY-ST-ZIP	MIAMI, FL 331351662
TITLE	VTD
NAME	GONZALEZ, RALPH A
STREET ADDRESS	2140 WEST FLAGLER STREET., #109
CITY-ST-ZIP	MIAMI, FL 331351662
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/23/05-80010-007 150.00

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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)(f), 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 empowerings.

SIGNATURE: Edith T. Gonzalez (Edith T. Gonzalez) 1/31/05 (305) 541-2715  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #