

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 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



02262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

1000000507120
 04/27/06-80052-013 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, EDITH T 297 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	

**DO NOT WRITE
 IN THIS SPACE**

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 807, 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** 4-10-06 305-541-2725
 _____ Date Daytime Phone #