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

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

100000507120
04/27/06-80052-013 150.00

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	
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 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 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 T Gonzalez / EDITH GONZALEZ 4-10-06 305-541-2715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #