

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 08:00 A**  
**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**



01292008 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

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, 2008 Fee will be \$350.00**

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	

U00000845627  
03/17/08-80003-010 150.00

**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 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 T. GONZALEZ** **2-1-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-541-2715