


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000107956
1. Entity Name
CIMA & ASSOCIATES, INC.



Principal Place of Business
**11260 N.W. 42ND TERR.
MIAMI, FL 33178**

Mailing Address
**11260 N.W. 42ND TERR.
MIAMI, FL 33178**

DO NOT WRITE IN THIS SPACE



03192005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0982129

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE., STE. 125
CORAL GABLES, FL 33146**

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDEZ, JORGE E 11260 N.W. 42ND TERR. MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FERNANDEZ, JULISSA B 11260 N.W. 42ND TERR. MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERNANDEZ, JESUS CESAR 11260 N.W. 42ND TERR. MIAMI, FL 33178
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04/04/05-80051-012 150.00

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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 empowered.

SIGNATURE:  **3-30-05** **786-325-3360**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #