


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90078 043 \*\*\*150.00

**DOCUMENT # P02000046435**  
 1. Entity Name  
**AMERIDREAM REAL ESTATE, INC.**



Principal Place of Business  
**7990 SW 117TH AVE SUITE 137**  
**MIAMI, FL 33187**

Mailing Address  
**7990 SW 117TH AVE SUITE 137**  
**MIAMI, FL 33187**

20014000

**DO NOT WRITE IN THIS SPACE**



02112005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**43-1982053**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**ANTONIO VIAS**  
**7990 SW 117 AVE.**  
**#137**  
**MIAMI, FL 33183**

**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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	PST VIAS, ANTONIO 7990 SW 117TH AVE SUITE 137 MIAMI, FL 33187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUIZ, MARLEN A 7990 SW 117TH AVE SUITE 137 MIAMI, FL 33187
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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Antonio Vias* 2/14/2005 305 598 5303  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #