

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90317 005 ***150.00

DOCUMENT # P04000106622

1. Entity Name
 DREAM CITY ENTERPRISE, INC.



Principal Place of Business: 1068 WEST 42ND PLACE, HIALEAH, FL 33012 US
 Mailing Address: 1068 WEST 42ND PLACE, HIALEAH, FL 33012 US

20039446

2. Principal Place of Business: 1880 S Treasure Dr.
 Suite, Apt. #, etc.: 3L
 City & State: N Bay Village

3. Mailing Address: 1880 S Treasure Dr
 Suite, Apt. #, etc.: 3L
 City & State: N Bay Village



03162005 Chg-P CR2E034 (10/03)

4. FEI Number: 20-1389960
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 EDEA & ASSOCIATES SERVICE GROUP INC
 2740 WEST 69TH TERRACE
 HIALEAH, FL 33016

7. Name and Address of New Registered Agent
 Name: Margarita Aristizabal
 Street Address (P.O. Box Number is Not Acceptable): 1880 S Treasure Dr #3L
 City: N. Bay Village
 State: FL Zip Code: 33141

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: 4.15.05

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD ARISTIZABAL, MARGARITA 1068 WEST 42ND PLACE HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD Aristizabal Margarita 1880 S Treasure Dr #3L N Bay Village, FL 33141 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE: 4.15.05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #