

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000022737

Entity Name: RIDE AND DREAM, INC.

FILED
Apr 14, 2004
Secretary of State

Current Principal Place of Business:

1100 W. OAKLAND PARK BLVD.
WILTON MANOR, FL 33311

New Principal Place of Business:

Current Mailing Address:

135 ROSE BRIAR DR
LONGWOOD, FL 32750 US

New Mailing Address:

FEI Number: 59-3233113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATTI, CRISTOPH A
1100 W OAKLAND PARK BLVD
FORT LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MATTI, CHRISTOPH A
Address: 2910 NE 15TH TERR
City-St-Zip: OAKLAND PARK, FL

Title: DV () Delete
Name: FERNANDEZ, SILVIA
Address: 2910 NE 15TH TERR
City-St-Zip: OAKLAND PARK, FL 33334

Title: S/T () Delete
Name: SULLIVAN, BARBARA A
Address: 135 ROSE BRIAR DR.
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA A. SULLIVAN

S/T

04/14/2004

Electronic Signature of Signing Officer or Director

_____ Date