

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000022737

Entity Name: RIDE AND DREAM, INC.

FILED  
Apr 27, 2005  
Secretary of State

## Current Principal Place of Business:

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

## New Principal Place of Business:

590 SW 9TH TERRACE, #5/6  
POMPANO BEACH, FL 33069

## 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 (X)

## 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:

MATTI, CRISTOPH A  
590 SW 9TH TERRACE, #5/6  
POMPANO BEACH, FL 33069 US

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

04/27/2005

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: DP (X) Change ( ) Addition  
Name: MATTI, CHRISTOPH A  
Address: 2910 NE 15TH TERR  
City-St-Zip: OAKLAND PARK, FL 33334

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

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

Electronic Signature of Signing Officer or Director

S/T

04/27/2005

Date