

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90193 038 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000047862

1. Entity Name
**DREAM HUNTERS & CREATIVE PEOPLE
 INCORPORATED**



Principal Place of Business
 1717 NORTH BAYSHORE DRIVE
 APT. 2851
 MIAMI, FL 33132

Mailing Address
 1717 NORTH BAYSHORE DRIVE
 APT. 2851
 MIAMI, FL 33132

00000013



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0670050		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WATKINS PA, NICOLAS J 504-501 BRICKELL KEY DRIVE MIAMI, FL 33131				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL		Zip Code	

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 _____

FILE NOW!!! FEE IS \$150.00
 After May 1, 2003 Fee will be \$550.00
 Make Check Payable to Florida Department of State

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	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SANCHEZ, GUSTAVO			NAME			
STREET ADDRESS	1717 NORTH BAYSHORE DR. APT. 2851			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33133			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: Gustavo Sanchez Date: 13 April / 2003 Daytime Phone #: 530-9510

CR2E034 (10/02)