

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000029355

FILED  
Mar 16, 2004  
Secretary of State

Entity Name: ALTET DREAM HOMES, INC.

**Current Principal Place of Business:**

11583 NW 69TH TERRACE  
MIAMI, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

11583 NW 69TH TERRACE  
MIAMI, FL 33178

**New Mailing Address:**

FEI Number: 59-3549790

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALTET, MARIA LUISA  
828 GARDEN GLEN LOOP  
LAKE MARY, FL 32746 US

**Name and Address of New Registered Agent:**

ALTET, MARIA LUISA  
11583 NW 69TH TERRACE  
DORAL, FL 33178 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

03/16/2004

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete  
Name: ALTET, MARIA LUISA  
Address: 828 GARDEN GLEN LOOP  
City-St-Zip: LAKE MARY, FL 32746

Title: VPT ( ) Delete  
Name: ALTET, MARIA LUISA  
Address: 828 GARDEN GLEN LOOP  
City-St-Zip: LAKE MARY, FL 32746

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPS (X) Change ( ) Addition  
Name: ALTET, MARIA LUISA  
Address: 11583 NW 69TH TERRACE  
City-St-Zip: DORAL, FL 33178

Title: VPT (X) Change ( ) Addition  
Name: ALTET, MARIA LUISA  
Address: 11583 NW 69TH TERRACE  
City-St-Zip: DORAL, FL 33178

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: MARIA LUISA ALTET

Electronic Signature of Signing Officer or Director

DPS

03/16/2004

Date