


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90041 030 ***163.75

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1. Entity Name
BIG DREAM REALTY CORPORATION



Principal Place of Business
225 NE 123RD STREET
NORTH MIAMI FL 33161

Mailing Address
225 NE 123RD STREET
NORTH MIAMI FL 33161

2. Principal Place of Business
12700 Biscayne Blvd.
Suite, Apt. #, etc. Suite 305
City & State North Miami, FL
Zip 33181 Country U.S.A.

3. Mailing Address
SAME
Suite, Apt. #, etc.
City & State
Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number 04-3664047 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GUTIERREZ, IVO
225 NE 123RD STREET
NORTH MIAMI FL 33161

7. Name and Address of New Registered Agent
Name SAME
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 *Ivo Gutierrez, Executive Vice-President* 1/7/03
Signature typed or printed name of registered agent and title if applicable. (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 \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	CASTANO, HECTOR J	CARRERA 8VA #20-67 #403	PEREIRA, COLOMBIA	<input type="checkbox"/>
VD	CASTANO, GLORIA A	CARRERA 8VA #20-67 #403	PEREIRA, COLOMBIA	<input type="checkbox"/>
SD	CASTANO, MARIA C	225 NE 123RD STREET	NORTH MIAMI FL 33161	<input type="checkbox"/>
EVP	GUTIERREZ, IVO	225 NE 123 STREET	NORTH MIAMI FL 33161	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Ivo Gutierrez, E.V.P.* 1/7/03 (305) 953-7769
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)