

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000029355

**FILED**  
**Apr 15, 2014**  
**Secretary of State**  
**CC1152607969**

**Entity Name:** ALTET DREAM HOMES, INC.

**Current Principal Place of Business:**

11603 NW 69TH TERRACE  
DORAL, FL 33178

**Current Mailing Address:**

11603 NW 69TH TERRACE  
DORAL, FL 33178

**FEI Number:** 59-3549790

**Certificate of Status Desired:** No

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

ALTET, MARIA LUISA  
11603 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

Date

**Officer/Director Detail :**

Title	DPS	Title	VPT
Name	ALTET, MARIA LUISA	Name	ALTET, MARIA LUISA
Address	11603 NW 69TH TERRACE	Address	11603 NW 69TH TERRACE
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DORAL FL 33178

*I hereby 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 all other like empowered.*

**SIGNATURE:** MARIA LUISA ALTET

**DPS**

**04/15/2014**

Electronic Signature of Signing Officer/Director Detail

Date