



2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # G81776	
1. Entity Name LE REVE DE LUCIE, INC.	

Principal Place of Business 6690 SOUTHWEST 117TH AVENUE MIAMI, FL 33183	Mailing Address 6690 SOUTHWEST 117TH AVENUE MIAMI, FL 33183
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DO NOT WRITE IN THIS SPACE



04182007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2340225	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MAU, LUZ M 6690 S.W. 117 AVE. MIAMI, FL 33183	DO NOT WRITE IN THIS SPACE
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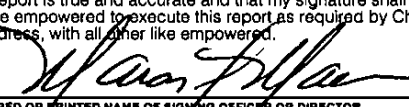
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<p>U000000726843 05/04/07-80024-004 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDM MAU, LUZ M 6690 S.W. 117 AVE. MIAMI, FL 33183	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **4-18-07** **305-274-0008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #