

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 31, 2004 8:00 am
Secretary of State

08-31-2004 90031 015 ****55.00

DOCUMENT # L01000013526

1. Entity Name
AMERICAN DREAM ENTERPRISES, LLC



Principal Place of Business
42 NORTHWEST 27 AVENUE, STE. 415
MIAMI, FL 33122

Mailing Address
42 NORTHWEST 27 AVENUE, STE. 415
MIAMI, FL 33122

24082636



08192004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1128977

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MENDOZA, JORGE ENRIQUE 42 NORTHWEST 27 AVENUE, STE. 415 MIAMI, FL 33122
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IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

JORGE ENRIQUE MENDOZA

08/20/04

Date

305-643-8779

Daytime Phone #