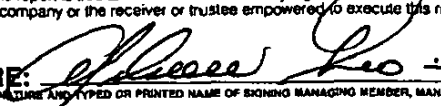


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/ FILED
Apr 16, 2008 8:00 am
Secretary of State

02-18-2008 90079 026 ***138.75

DOCUMENT # L07000062265					
1. Entity Name CHRISTY'S DREAMS, LLC					
Principal Place of Business 3450 W 84 ST #201 HIALEAH, FL 33018			Mailing Address 3450 W 84 ST #201 HIALEAH, FL 33018		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GRAVERAN, NELSON 3450 W 84 ST #201 HIALEAH, FL 33018			Name 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
	MGR Nelson Graveran	3450 W 84 ST #201		MGR Nelson Graveran	3450 W 84 ST #201
		Hialeah, FL 33018			Hialeah, FL 33018
	MGR I. Cristina Graveran	3450 W 84 ST #201		MGR I. Cristina Graveran	3450 W 84 ST #201
		Hialeah, FL 33018			Hialeah, FL 33018
	MGR Jeannie Graveran	3450 W 84 ST #201		MGR Jeannie Graveran	3450 W 84 ST #201
		Hialeah, FL 33018			Hialeah, FL 33018
11. 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 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 606, Florida Statutes.					
SIGNATURE: 			2/15/08 305-557-1253		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

30004048



02082008 Chg-LLC CR2E083 (12/06)