

# **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L08000073946

**FILED**  
**Nov 20, 2012**  
**Secretary of State**

**Entity Name:** DREAM CONSULTING LLC

**Current Principal Place of Business:**

1560 SW 190 AVE  
PEMBROKE PINES  
PEMBROKE PINES, FL 33029 UN

**New Principal Place of Business:**

**Current Mailing Address:**

1560 SW 190 AVE  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

**FEI Number:** 26-3116600

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PARDO, MAURICIO  
1560 NW 190 AVE  
PEMBROKE PINES, FL 33029 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** CEO  
**Name:** MAURICIO, PARDO MR.  
**Address:** 1560 SW 190 AVE  
**City-St-Zip:** PEMBROKE PINES, FL 33029

**Title:** MGRM  
**Name:** PARDO, MONIQUE R MS  
**Address:** 1560 SW 190 AVE  
**City-St-Zip:** PEMBROKE PINES, FL 33029 US

**Title:** VP  
**Name:** PARDO, BENITA R MRS  
**Address:** 1560 SW 190 AVE  
**City-St-Zip:** PEMBROKE PINES, FL 33029 US

**Title:** MGRM  
**Name:** PARDO, DANIEL  
**Address:** 1560 SW 190 AVE  
**City-St-Zip:** PEMBROKE PINES, FL 33029 US

**Title:** PRES  
**Name:** FERNANDEZ, GIPSY  
**Address:** 12703 SW 88 STREET APT O-205  
**City-St-Zip:** MIAMI, FL 33161 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** MAURICIO PARDO

CEO

11/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date