

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000004977

**FILED**  
**Jan 20, 2004**  
**Secretary of State****Entity Name:** DREAMERS THEATRE, INC.**Current Principal Place of Business:**905 BRICKELL BAY DRIVE  
UNIT 230  
MIAMI, FL 33131**New Principal Place of Business:****Current Mailing Address:**905 BRICKELL BAY DRIVE  
UNIT 230  
MIAMI, FL 33131**New Mailing Address:****FEI Number:** 65-1029170**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MARTINEZ, MANUEL;  
905 BRICKELL BAY DRIVE  
UNIT 230  
MIAMI, FL 33131 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

**OFFICERS AND DIRECTORS:****Title:** D ( ) Delete  
**Name:** MARTINEZ, MANUEL;  
**Address:** 905 BRICKELL BAY DRIVE UNIT 230  
**City-St-Zip:** MIAMI, FL 33131**Title:** D ( ) Delete  
**Name:** HUGHES, YOLANDI  
**Address:** 905 BRICKELL BAY DRIVE UNIT 230  
**City-St-Zip:** MIAMI, FL 33131**Title:** D ( ) Delete  
**Name:** GARCIA, MARIA ,  
**Address:** 591 S.E. 7TH AVENUE  
**City-St-Zip:** HIALEAH, FL 33010**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL MARTINEZ

D

01/20/2004

Electronic Signature of Signing Officer or Director

Date