

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005390

Entity Name: SIMPLE DREAMS, INC.

FILED
Apr 27, 2004
Secretary of State

Current Principal Place of Business:

645 N. VICTORIA PARK RD.
FT. LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

645 N. VICTORIA PARK RD.
FT. LAUDERDALE, FL 33304

New Mailing Address:

FEI Number: 65-1128148

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUHN, JACK W JR.
645 N. VICTORIA PARK RD.
FT. LAUDERDALE, FL 33304

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: KUHN, JACK W JR.
Address: 645 N. VICTORIA PARK RD.
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: D (X) Delete
Name: KUHN, DEBRA A JR.
Address: 645 N. VICTORIA PARK RD.
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: D () Delete
Name: COHEN, STEPHEN B
Address: 2670 NE 215TH ST.
City-St-Zip: AVENTURA, FL 33180

Title: D () Delete
Name: MORROW, PATRICIA
Address: 1027 SE 10TH AVE.
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: D (X) Delete
Name: LEVY, MARSHA
Address: 1400 W. COMMERCIAL BLVD., SUITE 165
City-St-Zip: FT. LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: COHEN, STEPHEN B
Address: 2450 NE MIAMI GARDENS DRIVE
City-St-Zip: AVENTURA, FL 33180

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: STEPHEN B. COHEN

D

04/27/2004

Electronic Signature of Signing Officer or Director

Date