


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90022 009 ****70.00

DOCUMENT # N04000000097	
1. Entity Name I HAVE A DREAM - OVERTOWN, INC.	

Principal Place of Business 5104 SW 72ND AVENUE MIAMI, FL 33155	Mailing Address 5104 SW 72ND AVENUE MIAMI, FL 33155
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94052192



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04092004 Chg-NP CR2E037 (10/03)

City & State	City & State
Zip	Country

4. FEI Number 59-3775722	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BUCHBINDER, MARK 5104 SW 72ND AVENUE MIAMI, FL 33155

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	BUCHBINDER, MARK
STREET ADDRESS	5104 SW 72ND AVENUE
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	VD
NAME	BUCHBINDER, MARJORIE
STREET ADDRESS	5104 SW 72ND AVENUE
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	SD
NAME	BUCHBINDER, LAURA
STREET ADDRESS	5104 SW 72ND AVENUE
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	VD
NAME	TRUMP, STEPHANIE
STREET ADDRESS	14000 ISLAND BLVD.
CITY-ST-ZIP	AVENTURA, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK BUCHBINDER 4/9/04 305-664-1350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #