

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 29, 2009
Secretary of State**

DOCUMENT# N06000007272

Entity Name: CARPENTERS OF DREAMS CULTURAL GROUP.CORP

Current Principal Place of Business:

6910 SW 16 CT
PEMBROKE PINES, FL 33023

New Principal Place of Business:

Current Mailing Address:

6910 SW 16 CT
PEMBROKE PINES, FL 33023

New Mailing Address:

FEI Number: 87-0800258 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RESTREPO, FANNY
6910 SW 16 CT
PEMBROKE PINES, FL 33023 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: P () Delete
Name: RESTREPO, FANNY
Address: 6910 SW 16 CT
City-St-Zip: PEMBROKE PINES, FL 33023

Title: V () Delete
Name: CASTANO, CECILIA
Address: 6910 SW 16 CT
City-St-Zip: PEMBROKE PINES, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 exemption stated in Chapter 119, 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: FANNY RESTREPO

P

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date