

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000001431

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** DREAM THEATRE PRODUCTIONS, INC.

**Current Principal Place of Business:**

3634 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

1940 SW 85TH AVENUE.  
MIAMI, FL 33155

**Current Mailing Address:**

P.O.BOX 143746  
CORAL GABLES, FL 33114

**New Mailing Address:**

1940 SW 85TH AVENUE.  
MIAMI, FL 33155

**FEI Number:** 56-2641901

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARDENAS, ALISON V  
3634 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134 US

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

CARDENAS, ALISON V  
1940 SW 85TH AVENUE.  
MIAMI, FL 33155 US

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: ALISON CARDENAS

04/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CARDENAS, CARLOS F  
Address: 1940 SW 85TH AVENUE.  
City-St-Zip: MIAMI, FL 33155

Title: D  
Name: CARDENAS, ALISON V  
Address: 1940 SW 85TH AVENUE.  
City-St-Zip: MIAMI, FL 33155

Title: D  
Name: COLEMAN, DR. HENRY L  
Address: 11130 SW 88TH STREET, SUITE 100  
City-St-Zip: MIAMI, FL 33176

I hereby 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 all other like empowered.

SIGNATURE: CARLOS CARDENAS

DIRE

04/21/2011

Electronic Signature of Signing Officer or Director

Date