

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008546

FILED  
Aug 04, 2009  
Secretary of State

Entity Name: HERE WHERE DREAMS COME TRUE, INC.

## Current Principal Place of Business:

8205 CRESPI BLVD.  
#2  
MIAMI BEACH, FL 33141 US

## Current Mailing Address:

8205 CRESPI BLVD.  
#2  
MIAMI BEACH, FL 33141 US

## New Principal Place of Business:

145 SOUTH SHORE DR.  
#3  
MIAMI BEACH, FL 33141 US

## New Mailing Address:

145 SOUTH SHORE DR.  
#3  
MIAMI BEACH, FL 33141 US

FEI Number: 27-0172693      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

EDWARDS-PHILLIPS, MARY MRS.  
7609 CARLLYE AVE.  
#1  
MIAMI BEACH, FL 33141 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: RIVERA, HILDA MRS.  
Address: 8205 CRESPI BLVD #2  
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: VP ( ) Delete  
Name: EDWARD-PHILLIPS, MARY MRS.  
Address: 7609 CARLYLLE AVE. #1  
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: RIVERA, HILDA MRS.  
Address: 145 SOUTH SHORE DR #3  
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: VP (X) Change ( ) Addition  
Name: EDWARD-PHILLIPS, MARY MRS.  
Address: 7609 CARLYLLE AVE. #1  
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: D ( ) Change (X) Addition  
Name: KHALID, BERTHA  
Address: 7609 CARLYLLE AVE. #1  
City-St-Zip: MIAMI BEACH, FL 33141 US

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: HILDA RIVERA

P

08/04/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date