

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000006931

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** CECE MOISE DREAMS FOUNDATION INC.

**Current Principal Place of Business:**

2161 LAKE DEBRA DR. 1722  
ORLANDO, FL 32835

**New Principal Place of Business:**

6401 WESTGATE DR. APT 412  
ORLANDO, FL 32835

**Current Mailing Address:**

PO BOX 618379  
ORLANDO, FL 32861

**New Mailing Address:**

**FEI Number:** 45-2805402

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOISE, SILIANISE  
2161 LAKE DEBRA DR. 1722  
ORLANDO, FL 32835 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:** CEO  
**Name:** MOISE, SILIANISE  
**Address:** PO BOX 618379  
**City-St-Zip:** ORLANDO, FL 32861

**Title:** VP  
**Name:** MOISE, NIKENSTON  
**Address:** 2901 S. KING DR. 1101  
**City-St-Zip:** CHICAGO, IL 60616

**Title:** SEC  
**Name:** MOISE-GRACIA, GOERGETTE  
**Address:** 3319 KIRKMAN RD 320  
**City-St-Zip:** ORLANDO, FL 32811

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:** SILIANISE MOISE

CEO

05/01/2012

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

\_\_\_\_\_  
Date