2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000078190

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address: City-St-Zip:

Entity Name: DREAMS RETAIL CORPORATION

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2 SOUTH UNIVERSITY DRIVE

2 SOUTH UNIVERSITY DRIVE

TANNENBAUM, ROSS

BATISTONE, SAM

PLANTATION, FL 33324

PLANTATION, FL 33324

FILED Aug 30, 2004 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
2 SOUTH UNIVERSITY DRIVE SUITE 325 PLANTATION, FL 33324							
Current Mailing Address:				New Mailing Address:			
2 SOUTH UNIVERSITY DRIVE SUITE 325 PLANTATION, FL 33324							
FEI Number:	Number: 27-0002136 FEI Number Applied For () FEI N		FEI Numb	er Not Appli	icable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
VINER, MARK 2 SOUTH UNIVERSITY DRIVE SUITE 325 PLANTATION, FL 33324 US				SANDS, ERIC 2 SOUTH UNIVERSITY DRIVE SUITE 325 PLANTATION, FL 33324 US			
The above in the State		ubmits this statement for the pu	urpose of o	changing it	ts registered of	fice or registered agent, or	both,
SIGNATURE: ERIC SANDS				08/30/2004			
Electronic Signature of Registered Agent				Date			
		(2)(b), F.S., the corporation did not Trust Fund Contribution ().	t receive the	e prior notice	e.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P ()[WALROD, JOHN 2 SOUTH UNIVER PLANTATION, FL	RSITY DRIVE	N A	Title: Jame: Address: Dity-St-Zip:	P (X) JAWORSKI, MIC 2 SOUTH UNIVE PLANTATION, F	RSITY DRIVE	
Title: Name: Address: City-St-Zip:	CFST () I VINER, MARK 2 SOUTH UNIVE PLANTATION, FL		N A	ītle: Jame: Address: Dity-St-Zip:	CFST (X) SANDS, ERIC 2 SOUTH UNIVE PLANTATION, F		

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL JAWORSKI PRES 08/30/2004

() Change () Addition

() Change () Addition