

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P02000116298

1. Entity Name  
AMERICAN DREAM MORTGAGE CAPITAL, CORP.



Principal Place of Business  
7925 NW 12TH AVENUE  
SUITE 125  
MIAMI, FL 33126

Mailing Address  
7925 NW 12TH AVENUE  
SUITE 125  
MIAMI, FL 33126

**DO NOT WRITE IN THIS SPACE**

**FILED  
May 03, 2004 8:00 am  
Secretary of State**

05-03-2004 90454 041 \*\*\*150.00

**14016916**



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0489527	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GONZALEZ, ROBERTO  
2423 SW 14TH STREET  
MIAMI, FL 33145

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME GONZALEZ, ELIAS  
STREET ADDRESS 2423 SW 14TH STREET  
CITY-ST-ZIP MIAMI, FL 33145

TITLE VD  
NAME GONZALEZ, ROBERTO  
STREET ADDRESS 2423 SW 14TH STREET  
CITY-ST-ZIP MIAMI, FL 33145

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roberto Gonzalez 4/27/04 786 273-2823

Date

Daytime Phone #