## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State DOCUMENT # P03000011596 05-20-2004 90008 009 \*\*\*150.00 DREAM HOME DEVELOPERS, INC. Principal Place of Business Mailing Address 16525 SW 87TH COURT 16525 SW 87TH COURT MIAMI, FL 33157 MIAMI, FL 33157 2. Principal Place of Business Mailing Address 10501 SW 0501 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 03112003 City & State Applied For liam Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Regis 7. Name and Address of New Registered Agent Name GARCIA, JOSE M Street Address (P.O. Box Number is Not Acceptable) 16525 SW 87TH COURT MIAMI, FL 33157 City Zip Code 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. Lam 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) FILE NOW!!! FEE 18 \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Due by September 8, 2004 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TETLE D Delete TITLE ☐ Change ☐ Addition Jose M. Garag GARCIA, JOSE M of Address NAME 10501 SW 127 St STREET ADORESS 16525 SW 87TH COURT STREET ADDRESS CITY-ST-ZÎP MIAMI, FL 33157 CITY-ST-7IP Miami FL 33171 IIILE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 withyan address, with all other like empowered. SIGNATURE:

FILED

May 20, 2004 8:00 am