## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Jul 05, 2005 8:00 am Secretary of State 07-05-2005 90114 048 \*\*\*150.00 **DOCUMENT # P03000052035** FLORIDA DREAM VACATIONS, INC. Principal Place of Business Mailing Address 651 NW 118TH AVE. 651 NW 118TH AVE. 50054503 PLANTATION, FL 33251 PLANTATION, FL 33251 Principal Place of Business 2A4 CORSOICAVE 246 Corsair Ave Suite, Apl #, etc. auderdale by the Sea 05232005 Chg-P CR2E034 (10/03) 4. FEI Number Applied For 02-0706115 Not Applicable \$8.75 Additional USA . 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agen 7. Name and Address of New Registered Agent SEISDEDOA, JOSE 651 NW 118TH AVE PLANTATION, FL 33251 4 8. The above dame his 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 obligation SIGNATURE. spect or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rainstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005 Trust Fund Contribution. Added to Fees ... OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PSD** TITLE Change ☐ Delete TITLE ☐ Addition SEISDEDOS, JOSE 1. NAME 246 Corsair Ave 651 NW 118TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION FE 33251 CITY-ST-ZIP auderdale by the Sea, Fl TITLE ☐ Delete TIRLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-7IP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CRY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 receiper or truetee expowered 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 attach address, with all other like empowered. SIGNATURE:

IRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Daytime Phone 4



June 16, 2005

Division of Corporations P. O. Box 1500 Tallahassee, FL 32302-1500

> RE: Florida Dream Vacations, Inc. Doc# P03000052035

To Whom It May Concern:

We are hereby requesting that you please waive the penalty due for our 2005 annual report. We never received our notices because the address listed on file is that of a property that was lost in a terrible fire last year. We are changing the address to our new one, and we ask that you forgive this terrible misunderstanding.

Sincerely,

Jose Seisdedos President