
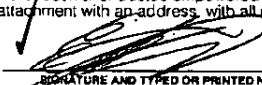


FILED
May 19, 2004 8:00 am
Secretary of State

04-07-2004 90029 015 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000095707			
1. Entity Name D. DREAMS FLOORS, CORP.			
Principal Place of Business 124 SE 4 ST #2 HALLANDALE, FL 33009		Mailing Address 124 SE 4 ST #2 HALLANDALE, FL 33009	
2. Principal Place of Business 124 SE - 4 STREET Suite, Apt. #, etc. 1		3. Mailing Address 124 SE 4 STREET Suite, Apt. #, etc. 1	
City & State HALLANDALE - FL		City & State HALLANDALE - FL	
Zip 33009	Country USA	Zip 33009	Country USA
4. FEI Number 20-1124648		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANCHEZ, CARLOS H 124 SE 4 ST #2 HALLANDALE, FL 33009		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Delete NAME DP STREET ADDRESS SANCHEZ, CARLOS H CITY-ST-ZIP 124 SE 4 ST #2 HALLANDALE, FL 33009		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE <input checked="" type="checkbox"/> Delete NAME DT STREET ADDRESS VIOJO, RAMON CITY-ST-ZIP 124 SE 4 ST #2 HALLANDALE, FL 33009		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE <input checked="" type="checkbox"/> Delete NAME DS STREET ADDRESS RAMIREZ, LUIS CITY-ST-ZIP 124 SE 4 ST #2 HALLANDALE, FL 33009		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ 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 with an address, with all other like empowered.			
SIGNATURE: 		Date 04/05/04 (954) 757 9231	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

ATTACHMENT
#P03000095707

initialize failed: MetaDataListener - cannot initialize : unable create socket

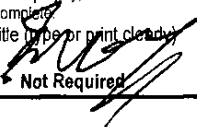
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Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service	Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.	EIN 20-1124648 OMB No. 1545-0003
1* Legal name of entity (or individual) for whom the EIN is being requested D DREAMS FLOORS CORP		
2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 124 SE 4 STREET SUITE 1		5a Street address (if different) (Do not enter a P.O. box)
4b* City, state, and ZIP code HALLANDALE FL 33009		5b City, state, and ZIP code
6* County and state where principal business is located County USA State FL		
7a* Name of principal officer, general partner, grantor, owner, or trustor CARLOS H SANCHEZ		7b* SSN, ITIN, EIN 957-72-3769
8a* Type of entity (check only one) <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ FORM 1120 <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶		<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC Group Exemption NO. (GEN) ▶ <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises
8b* If a corporation, name the state or foreign country (if applicable) where incorporated		State FL Foreign country
9* Reason for applying (check only one) <input checked="" type="checkbox"/> Started new business (specify type) ▶ FLOORS <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶		<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶
10* Date business started or acquired (month, day, year) SEP 2 2003		11* Closing month of accounting year DEC
12 First date wages or annuities were paid or will be paid (month, day, year) Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)		
13 Highest number of employees expected in the next twelve months Note: If the applicant does not expect to have any employees during the period, enter "-0-"		Agriculture Household Other
14* Check box that best describes the principal activity of your business <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) ALL ABOUT FLOORS		<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Wholesale-other
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. ALL ABOUT FLOORS		
16a* Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes" please complete lines 16b and 16c		
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶		
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.		

Approximate date when filed (month, day, year)		City and state where filed	Previous EIN
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form			
Third Party Designee	Designee's name AZ ACCOUNTING CORP Address and ZIP code 630 S STATE ROAD 7 MARGATE FL 33068 -	Designee's telephone number (include area code) (954) 978 - 6249 Designee's fax number (include area code) () -	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly) Signature  Date May 15, 2004 GMT			Applicant's telephone number (include area code) (754) 457 - 9231 Applicant's fax number (include area code) () -