


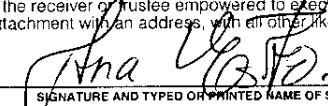


2004 FOR PROFIT CORPORATION ANNUAL REPORT

1 of 2

DOCUMENT # P03000132661						FILED 04 OCT 11 PM 3:08 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
1. Entity Name SMART DREAMS SOLUTIONS, INC.									
Principal Place of Business 208 SW 98 PLACE MIAMI, FL 33174		Mailing Address 208 SW 98 PLACE MIAMI, FL 33174							
2. Principal Place of Business		3. Mailing Address		 REINSTATEMENT 2004 092820041 C10-7-1 CR2E034 (10/03)					
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State		4. FEI Number <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
CAST, LOUIS F 4805 NW 79TH AVENUE #9 MIAMI, FL 33166				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____									
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004			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 NAME STREET ADDRESS CITY-ST-ZIP	PD ESCOTO, ANA O 208 SW 98 PLACE MIAMI, FL 33174	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600041767926 10/11/04--01013--001 **150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOPEZ, JOHN J 6102 NW 114 COURT BLDG. UNIT 16 UNIT 107 MIAMI, FL 33178	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ESCOTO, LUIS R 208 SW 98 PLACE MIAMI, FL 33174	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOPEZ, XIMENA B 6102 NW 114 COURT BLDG. UNIT 16 UNIT 107 MIAMI, FL 33178	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASANAS, RENE 208 SW 98 PLACE MIAMI-FL33174	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition T CASANAS, RENE 208 SW 98 PLACE MIAMI-FL 33174				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 an officer like empowered.									
SIGNATURE: 				Date: 10-07-04		Daytime Phone #: (305) 225-4420			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR									

October 7, 2004

2052

SMART DREAMS SOLUTIONS, INC.
208 SW 99 PLACE
MIAMI - FL 33174

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

~~P.O. Box 6327~~
TALLAHASSEE, FL 32314

RE: 2004 Annual Report.

As per TELEPHONE CONVERSATION ENCLOSED please find
check for \$150.^{xx}.

PLEASE NOTE THAT WE REQUESTED A WAIVER OF THE \$400^{xx}
LATE fee as we did NOT receive a NOTICE of the
ANNUAL REPORT being due by May 1st pursuant to
607.193(1)(b) OF FLORIDA STATUTES.

Thanking you in advance, We remain

Sincerely yours

Ann O Escoto
Ann O ESCOTO