ANNUAL REPORT

May 26, 2004 8:00 am
Secretary of State
05-26-2004 90003 032 ***158.75

DOCUMENT # P03000141454

1. Entity Name
THE AMERICAN DREAM REAL ESTATE OF AMERICA , CORP.
D/B/A "AMERICAN DREAM"

Principal Place of Business	Mailing Address
15165 NW 77TH AVENUE THE WHITE HOUSE BUILDING, SUITE 2002 MIAMI LAKES, FL 33014 US	15165 NW 77TH AVENUE THE WHITE HOUSE BUILDING, SUITE 2002 MIAMI LAKES, FL 33014 US

2. Principal Place of Business	3. Mailing Address
~~15025 NW 77 AVE SUITE 231~~ ~~THE CAPITAL BUILDING~~ ~~MIAMI LAKES, FL 33014~~	15025 NW 77 AVE Suite, Apt. #, etc. Suite 228 THE CAPITAL BUILDING
City & State: Miami Lakes	City & State: Miami Lakes
Zip: 33014 Country: USA	Zip: 33014 Country: USA

05042004 — Chg-P — CR2E034 (10/03)

4. FEI Number: 56-2457164 [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, ODALIS
15165 NW 77TH AVENUE
THE WHITE HOUSE BUILDING, SUITE 2002
MIAMI LAKES, FL 33014

7. Name and Address of New Registered Agent

Name: ODALIS GONZALEZ
Street Address (P.O. Box Number is Not Acceptable): ~~15025 NW 77 AVE. SUITE 228~~
THE CAPITAL BUILDING
City: MIAMI LAKES FL Zip Code: 33014

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. [ ] **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GONZALEZ, ODALIS 15165 NW 77TH AVENUE , SUITE 2002 MIAMI LAKES, FL 33014	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ODALIS GONZALEZ 15025 NW 77 AVENUE , SUITE 228 MIAMI LAKES, FL 33014	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TORRES, ILIANA 15165 NW 77TH AVENUE , SUITE 2002 MIAMI LAKES, FL 33014	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ILIANA TORRES 15025 NW 77 AVENUE, SUITE 228 MIAMI LAKES , FL 33014	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P REY, DAMARIS 15165 NW 77TH AVENUE , SUITE 2002 MIAMI LAKES, FL 33014	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DAMARIS REY 15025 NW 77AVENUE, SUITE 228 MIAMI LAKES, FL 33014	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] 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 all other like empowered.

SIGNATURE: _____ 05/04/2004 786-256-3411 305-822-7272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

44045919

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

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
THE AMERICAN DREAM REAL ESTATE OF AMERICA CORP 56-2457164

2 Trade name of business (if different from name on line 1)
AMERICAN DREAM

3 Executor, trustee, "care of" name
ODALIS GONZALEZ 5/7/04

4a Mailing address (room, apt., suite no. and street, or P.O. box)
15025 NW 77TH AVE-SUITE 231-

5a Street address (if different) (Do not enter a P.O. box.)
SAME AS MAILING ADDRESS etc

4b City, state, and ZIP code
MIAMI LAKES FL 33014

5b City, state, and ZIP code

6 County and state where principal business is located
MIAMI DADE COUNTY FL

7a Name of principal officer, general partner, grantor, owner, or trustor
ODALIS GONZALEZ

7b SSN, ITIN, or EIN
157581006

8a Type of entity (check only one box)

- ☐ Sole proprietor (SSN) _____
- ☐ Partnership
- ☒ Corporation (enter form number to be filed) ▶ 02-1120S MULTI-MEMBER
- ☐ Personal service corp.
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶ _____
- ☐ Other (specify) ▶
- ☐ Estate (SSN of decedent) _____
- ☐ Plan administrator (SSN) _____
- ☐ Trust (SSN of grantor) _____
- ☐ National Guard ☐ State/local government
- ☐ Farmers' cooperative ☐ Federal government/military
- ☐ REMIC ☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶ _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated
State: FL
Foreign country: N/A

9 Reason for applying (check only one box)

- ☒ Started new business (specify type) ▶ REAL ESTATE COMPANY REALTY
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify) ▶
- ☐ Banking purpose (specify purpose) ▶ _____
- ☐ Changed type of organization (specify new type) ▶ _____
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶ _____
- ☐ Created a pension plan (specify type) ▶ _____

10 Date business started or acquired (month, day, year)
05/04/04

11 Closing month of accounting year
DECEMBER

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)* ▶ 01/01/05

13 Highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter "-0-."* ▶

Agricultural	Household	Other
0	0	7

14 Check one box that best describes the principal activity of your business.

- ☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Accommodation & food service ☐ Wholesale-agent/broker ☐ Wholesale-other ☐ Retail
- ☒ Real estate ☐ Manufacturing ☐ Finance & insurance ☐ Other (specify)

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
REAL ESTATE RESIDENTIAL/COMMERCIAL

16a Has the applicant ever applied for an employer identification number for this or any other business? ☒ Yes ☐ 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 ▶ UNITED MORTGAGE BANKERS Trade name ▶ N/A

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN
05/29/01	MIAMI LAKES FL	043664816

Third Party Designee

Complete this 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.

Designee's name | Designee's telephone number (include area code) ( )

Address and ZIP code | 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.

Applicant's telephone number (include area code) ( ) 3058227272

Name and title (type or print clearly) ▶ ODALIS GONZALEZ PRESIDENT

Applicant's fax number (include area code) ( ) 3058227271

Signature ▶ WAIVED PER IRS NOTICE 2000-19 Date ▶ 05/04/04

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N Form **SS-4** (Rev. 12-2001)

147C