

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000085245

1. Entity Name
FLORIDA DREAM ESTATES, CORP.



FILED
Jul 18, 2008 08:00 AM
Secretary of State

Principal Place of Business
19121 NW 57 COURT
MIAMI, FL 33015 US

Mailing Address
19121 NW 57 COURT
MIAMI, FL 33015 US



07142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1726926	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHMIDT, GERONIMO A
19121 NW 57 COURT
MIAMI, FL 33015

**DO NOT WRITE
IN THIS SPACE**

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.

U00000955639
07/18/08-80006-003 150.00

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD SCHMIDT, GERONIMO A 19121 NW 57TH CT. MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/14/08 3056854824
Date Daytime Phone #