2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 04, 2007 8:00 am
Secretary of State
05-14-2007 90077 001 ***150.00

DOCUMENT # P04000089817

1. Entity Name
AMERICAN DREAM REALITY, INC.

66017619

Principal Place of Business	Mailing Address
11079 NW 81 MANOR PARKLAND, FL 33076 US	11079 NW 81 MANOR PARKLAND, FL 33076 US

04292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
12-7687668
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HERRERA, ALVARO F
11079 NW 81 MANOR
PARKLAND, FL 33076

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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
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HERRERA, ALVARO F
STREET ADDRESS	11079 NW 81 MANOR
CITY-ST-ZIP	PARKLAND, FL 33076
TITLE	VT
NAME	HERRERA, MATILDE
STREET ADDRESS	11079 NW 81 MANOR
CITY-ST-ZIP	PARKLAND, FL 33076
TITLE	S
NAME	HERRERA, MICHAEL
STREET ADDRESS	11079 NW 81 MANOR
CITY-ST-ZIP	PARKLAND, FL 33076
TITLE	D
NAME	HERRERA, MATILDE
STREET ADDRESS	11079 NW 81 MANOR
CITY-ST-ZIP	PARKLAND, FL 33076
TITLE	D
NAME	HERRERA, ALVARO F
STREET ADDRESS	11079 NW 81 MANOR
CITY-ST-ZIP	PARKLAND, FL 33076
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: ✓ _____ ✓ 5/30/07 ✓ 954-344-0310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #