2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 20, 2005 8:00 am Secretary of State **DOCUMENT # P04000106622** 04-20-2005 90317 005 ***150.00 DREAM CITY ENTERPRISE, INC. Principal Place of Business Mailing Address 20039446 1068 WEST 42ND PLACE 1068 WEST 42ND PLACE HIALEAH, FL 33012 US HIALEAH, FL 33012 US 3. Mailing Address 1880 S Treasure Dr 2. Principal Place of Business 1880 5 Treasure Dr. Suite, Apt. #, etc. Suite, Apt. #, etc. 03162005 Chg-P CR2E034 (10/03) 4. FEI Number 20-1389960 City & State City & State Village Village Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired ___ = -USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Marjarib Aristizaba **EDEA & ASSOCIATES SERVICE GROUP INC** Street Address (P.O. Box Number is Not Acceptable) 2740 WEST 69TH TERRACE HIALEAH, FL 33016 VILLAGE 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. Signature, typed (NOTE: Registered Agent signature required when reinstating) name of registered agent and title if applicable DATE 9. Election Campatga Financing-\$5:00 маў ве FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PISD PTSD TITLE Delete TITLE ☐ Addition Aristizabal Margarita ARISTIŽABAL, MARGARITA NAME NAME 1880 & Treasure Dr 1068 WEST 42ND PLACE STREET ADDRESS STREET ADDRESS HIALEAH, FL 33012 CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE TITE F ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 it 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. 4.12.0 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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