


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90360 001 ***150.00
03-09-2006 90360 002 *****8.75

DOCUMENT # P04000138637 1. Entity Name DREAMS AND VISIONS EVENT PLANNER, INC.	
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Principal Place of Business 3821 NW 191 ST MIAMI, FL 33055	Mailing Address P O BOX 551717 OPA LOCKA, FL 33055
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DO NOT WRITE IN THIS SPACE

66004457



02222006 No Chg-P CR2E034 (11/05)

4. FEI Number 34-2019571	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COX, SYLVIA
3821 NW 191 ST
MIAMI, FL 33055

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO COX, SYLVIA 3821 NW 191 ST MIAMI, FL 33055
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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: Sylvia Cox / OWNER 2/23/06 597-6009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #