



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90085 005 \*\*\*150.00

<b>DOCUMENT # P04000140704</b> 1. Entity Name <b>DREAM CUSTOM WOOD WORK'S , CORP</b>					
Principal Place of Business <b>9950 SW 42 TERRACE</b> <b>MIAMI, FL 33165 US</b>			Mailing Address <b>9950 SW 42 TERRACE</b> <b>MIAMI, FL 33165 US</b>		
2. Principal Place of Business <b>8249 SW 149th CT.</b> Suite, Apt. #, etc. <b>Apt. # 203</b> City & State <b>MIAMI, FLORIDA</b> Zip Country <b>33193 U.S.A.</b>		3. Mailing Address <b>8249 SW 149 Court</b> Suite, Apt. #, etc. <b>Apt # 203</b> City & State <b>MIAMI, FLORIDA</b> Zip Country <b>33193 USA</b>			
4. FEI Number <b>20-1744029</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BARRUETO, SEBASTIAN</b> <b>9950 SW 42 TERRACE</b> <b>MIAMI, FL 33165</b>			7. Name and Address of New Registered Agent Name <b>BARRUETO, SEBASTIAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>8249 SW 149 CT.</b> <b>Apt. # 203</b> City <b>MIAMI FLORIDA</b> <b>FL</b> Zip Code <b>33193</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BARRUETO, SEBASTIAN</b> <b>9950 SW 42 TERRACE</b> <b>MIAMI, FL 33165</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE: X</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____				Daytime Phone # _____	