

# FOR PROFIT CORPORATION

DOCUMENT # **P05000046732**

1. Entity Name

**DREAMS Happen Corp.**



FILED

08 JAN 23 PM 4:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

**7875 NW 125th**  
Suite, Apt. #, etc.  
**ste 101**

3. Mailing Address

**7875 NW 125th**  
Suite, Apt. #, etc.  
**ste 101**

City & State

**Miami, FL**  
Zip  
**33126** Country  
**US**

City & State

**Miami FL**  
Zip  
**33126** Country  
**US**



REINSTATEMENT 06-08  
01/17/2006 Filing Chg. P. CR2E034 (11/05)

4. FEI Number

**20-2595409**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **Martha E. Gonzalez**

Street Address (P.O. Box Number is Not Acceptable)

**9918 SW 55th circle**

City **Miami**

FL

Zip Code  
**33174**

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

**Martha E. Gonzalez**

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

(NOTE: Registered Agent signature required when reinstating)

**1/14/08**

DATE

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**President**  
**Gonzalez, E. Martha**  
**9918 S.W. 55th St. Cir**  
**MIAMI, FL 33174**

☒ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**400118350854**  
**02/19/08--01047--022 \*\*450.00**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

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: **Martha E. Gonzalez** - **1/14/08** (786) 457-7842

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

#

DREAMS HAPPEN, CORP.

7875 NW 12 ST

SUITE 101

MIAMI, FL 33126

202  
P05000046732

January 10, 2008

To Whom It May Concern:

This is a brief letter stating that I did not receive any postcard or notice reminding me of the Uniform Business Report of my company Dreams Happen, Corp. with Document # P05000046732. Along with this letter you will find a check in the amount of \$450.00 and my Uniform Business Report for the years of 2006 - 2008.

If you need further assistance please feel free to contact us. Thank you in advance for your help.

Sincerely,

Martha E. Gonzalez  
Martha E. Gonzalez