




FILED
Jan 30, 2007 8:00 am
Secretary of State

400000 -



DOCUMENT # P05000055068				01-30-2007 90011 050 ***150.00	
1. Entity Name AMERICAN DREAM SOLUTIONS, INC.					
Principal Place of Business 1221 SW 27 AVENUE 200 MIAMI, FL 33135		Mailing Address 1221 SW 27 AVENUE 200 MIAMI, FL 33135			
2. Principal Place of Business - No P.O. Box # 901 Brickell Key Blvd Suite, Apt. #, etc. #3008 City & State Miami, FL 33131 Zip Country		3. Mailing Address 901 Brickell Key Blvd Suite, Apt. #, etc. #3008 City & State Miami, FL 33131 Zip Country		 01162007 Chg-P CR2E034 (12/06)	
4. FEI Number 55-0893313		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent VAZQUEZ, GERARDO A 1401 BRICKELL AVENUE 500 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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 P GARCIA, JOSE A 1221 SW 27 AVENUE, SUITE 200 MIAMI, FL 33135			TITLE NAME STREET ADDRESS CITY- ST- ZIP P Garcia, Jose A 901 Brickell Key Blvd #3008 Miami, FL 33131		
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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:  JOSE GARCIA (PRES) 1-23-07 305-642-9898 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					