


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2006 8:00 am
Secretary of State

06-29-2006 90001 003 ***150.00

DOCUMENT # P05000092956 1. Entity Name A. DREAMS CLEANING CORP					
Principal Place of Business 4919 YORK ST APT # 2 CAPE CORAL, FL 33904			Mailing Address 4919 YORK ST APT # 2 CAPE CORAL, FL 33904		
2. Principal Place of Business 1404 NE 19TH AVE		3. Mailing Address 1404 NE 19TH AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State CAPE CORAL FL		City & State CAPE CORAL FL		4. FEI Number 20-3079011	
Zip 33909		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip 33909		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASTANEIRA, YAMILE 4919 YORK ST APT # 2 CAPE CORAL, FL 33904			7. Name and Address of New Registered Agent Name MARTINEZ LAGNE Street Address (P.O. Box Number is Not Acceptable) 1404 NE 19TH AVE City CAPE CORAL FL Zip Code 33909		
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 <input checked="" type="checkbox"/> <i>[Signature]</i>		DATE 6/26/06			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTANEIRA, YAMILE 4919 YORK ST APT #2 CAPE CORAL, FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTINEZ, LAGNE 1505 SW 13TH TERRACE CAPE CORAL, FL 33991	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <input checked="" type="checkbox"/> <i>[Signature]</i>		DATE 6/26/06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					