

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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400000 SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02102007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P06000036806</b> 1. Entity Name <b>DREAMS PROMOTIONS, INC.</b>					
Principal Place of Business <b>745 NW 134 PLACE MIAMI, FL 33182 US</b>			Mailing Address <b>745 NW 134 PLACE MIAMI, FL 33182 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>APARICIO, LIDIA J 745 NW 134 PLACE MIAMI, FL 33182</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		10. OFFICERS AND DIRECTORS	
TITLE <b>P</b> <input type="checkbox"/> Delete NAME <b>APARICIO, LIDIA J</b> STREET ADDRESS <b>745 NW 134 PLACE</b> CITY-ST-ZIP <b>MIAMI, FL 33182</b>		TITLE <b>VP</b> <input type="checkbox"/> Delete NAME <b>ALFONSO, JAVIER M</b> STREET ADDRESS <b>745 NW 134 PLACE</b> CITY-ST-ZIP <b>MIAMI, FL 33182</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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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.					
<b>SIGNATURE:</b> <i>Javier Alfonso</i> <b>Javier M. Alfonso</b> 02/15/07 (786) 261-7891 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					