

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000139635

Entity Name: KINEDREAMS INC

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

9911 NW 29 STREET
DORAL, FL 33172

New Principal Place of Business:

Current Mailing Address:

9911 NW 29 STREET
DORAL, FL 33172

New Mailing Address:

FEI Number: 26-1894935

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANZO, LUIS
9911 NW 29 STREET
DORAL, FL 33172 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MANZO, LUIS
Address: 9911 NW 29 STREET
City-St-Zip: DORAL, FL 33172

Title: VP () Delete
Name: ARISTIZABAL, MARTHA
Address: 9911 NW 29 STREET
City-St-Zip: DORAL, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS MANZO

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date