

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90001 017 ***150.00

DOCUMENT # P06000150932

1. Entity Name

DREAMS BRIDE, INC.



Principal Place of Business

4239 EAST 4TH AVENUE
HIALEAH FL 33013

Mailing Address

4239 EAST 4TH AVENUE
HIALEAH FL 33013

2. Principal Place of Business - No P.O. Box #

1570 W 43 PL

3. Mailing Address

1570 W 43 PL

Suite, Apt. #, etc.

37

Suite, Apt. #, etc.

37

City & State

Hialeah Florida

City & State

Hialeah Florida

Zip

33012

Country

H. Dade

Zip

33012

Country

H. Dade

4. FEI Number

20-8020966

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)



6. Name and Address of Current Registered Agent

QUIRANTES, JORGE
7305 WEST 2ND COURT
HIALEAH FL 33014

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW, FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DSPT
NAME QUIRANTES, JORGE ☐ Delete
STREET ADDRESS 7305 WEST 2ND COURT
CITY-ST-ZIP HIALEAH FL 33014

TITLE VP
NAME MARTINEZ, PEDRO ☒ Delete
STREET ADDRESS 7305 W 2 CT
CITY-ST-ZIP HIALEAH FL 33014

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME Laura Quirantes ☒ Change ☐ Addition
STREET ADDRESS 7305 W 2 COURT
CITY-ST-ZIP Hialeah FL 33014

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Jorge Quirantes

3/8/08 (586)
2237274