
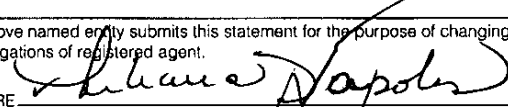
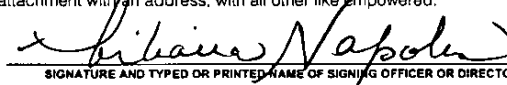


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90023 010 ***150.00

DOCUMENT # P07000001419 1. Entity Name DREAMS CATERING SERVICES, INC.			
Principal Place of Business 9766 S.W. 24TH STREET STE. 3 MIAMI, FL 33165		Mailing Address 9766 S.W. 24TH STREET STE. 3 MIAMI, FL 33165	
2. Principal Place of Business - No P.O. Box # 1221 SW 122 Ave #108		3. Mailing Address 1221 SW 122 Ave	
Suite, Apt. #, etc. 108		Suite, Apt. #, etc. 108	
City & State Miami, FLA		City & State Miami FLA	
Zip 33184	Country US	Zip 33184	Country US
4. FEI Number 20-8163408		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 PEREA, JOAQUIN M JR. 9766 S.W. 24TH STREET STE. 3 MIAMI, FL 33165		7. Name and Address of New Registered Agent Name LILIANA NAPOLES Street Address (P.O. Box Number is Not Acceptable) 1221 S.W. 122nd Ave # 108 City Miami FL Zip Code 33184	
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  DATE 03/08/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00		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 DIRECTOR <input type="checkbox"/> Delete NAME NAPOLES, LILIANA STREET ADDRESS 9766 S.W. 24TH STREET, STE. 3 CITY-ST-ZIP MIAMI, FL 33165	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"/> 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"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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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		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 03/08/08 Daytime Phone # (786) 245-1093	