


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90015 015 ***150.00

DOCUMENT # P07000063659

1. Entity Name
LUCID DREAMS, INC.



Principal Place of Business
1688 WEST AVE APT 506
MIAMI BEACH, FL 33139

Mailing Address
1688 WEST AVE APT 506
MIAMI BEACH, FL 33139

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



03132008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent
RAZACK, LISANE
1688 WEST AVE APT 506
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

4. FEI Number
33-1166902 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RAZACK, ADNAN	
STREET ADDRESS	1688 WEST AVE APT 506	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	V	<input type="checkbox"/> Delete
NAME	RAZACK, LISANE	
STREET ADDRESS	1688 WEST AVE APT 506	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCOMAS, JOSEPH	
STREET ADDRESS	1688 WEST AVE APT 506	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RAZACK, FIROZA	
STREET ADDRESS	1688 WEST AVE APT 506	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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"/> Change <input type="checkbox"/> Addition
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"/> 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:  **Lisane Razack** **4/18/08** **305 795-5004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #