


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90027 049 \*\*\*150.00

<b>DOCUMENT # P94000079146</b>					
1. Entity Name DREAMLINE-LINEA DEL SUENO & CONSULTATION, INC.					
Principal Place of Business 830 HOLLYWOOD BLVD HOLLYWOOD, FL 33019 US			Mailing Address 830 HOLLYWOOD BLVD HOLLYWOOD, FL 33019 US		
2. Principal Place of Business 2601 Taft St Suite, Apt. #, etc.			3. Mailing Address 2601 Taft St Suite, Apt. #, etc.		
City & State Hollywood			City & State Hollywood		
Zip 33020		Country Broward		4. FEI Number 25-0553338	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  GONZALEZ-DOMECH, CARMEN 830 HOLLYWOOD BLVD HOLLYWOOD, FL 33019-CARM				7. Name and Address of New Registered Agent Name Elsie A Mckenzie Street Address (P.O. Box Number is Not Acceptable) 2601 Taft St Hollywood FL City Hollywood FL Zip Code 33020	
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: <i>Elsie A Mckenzie</i> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			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	V	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER ALVAREZ, ELSIE		NAME	Elsie A Mckenzie	
STREET ADDRESS	830 HOLLYWOOD BLVD		STREET ADDRESS	2601 Taft St	
CITY-ST-ZIP	HOLLYWOOD, FL 33019		CITY-ST-ZIP	Hollywood, FL 33020	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMECH GONZALEZ, CARMEN		NAME	Elsie A Mckenzie	
STREET ADDRESS	830 HOLLYWOOD BLVD		STREET ADDRESS	2601 Taft St	
CITY-ST-ZIP	HOLLYWOOD, FL 33019		CITY-ST-ZIP	Hollywood, FL 33020	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Elsie A Mckenzie</i>			Date: 4-13-05 Daytime Phone: 315-892328		