
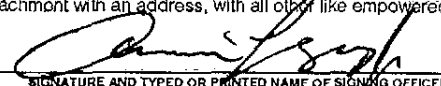


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>DOCUMENT # P95000012098</b><br>1. Entity Name<br><b>NORTH CAROLINA DREAMS, INC.</b>  |  |   |  |   |  |
| Principal Place of Business<br><b>801 W. 49TH STREET, #224<br/>HIALEAH, FL 33012</b>  |  |   | Mailing Address<br><b>801 W. 49TH STREET, #224<br/>HIALEAH, FL 33012</b> |  |  |
| 2. Principal Place of Business  |  | 3. Mailing Address  |  |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |  |  |  |
| City & State  |  | City & State  |  |  |  |
| Zip   | Country  | Zip   | Country  | 4. FEI Number<br><b>65-0584957</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |   |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent   |  |   |  | 7. Name and Address of New Registered Agent  |  |
| <b>LOPEZ, ARAMIS JR.<br/>801 W. 49TH STREET, #224<br/>HIALEAH, FL 33012</b>   |  |   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____   |  |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |  |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                    |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>PTD<br/>LOPEZ, ARAMIS JR.<br/>8861 N.W. 196TH STREET<br/>HIALEAH, FL 33018</b> <input type="checkbox"/> Delete      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                       | <div style="text-align: center;"> <b>U000000304831</b><br/> <b>04/14/05-80058-009 150.00</b> </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>D<br/>LOPEZ, ARAMIS SR.<br/>8902 N.W. 189TH TERRACE<br/>HIALEAH, FL 33018</b> <input type="checkbox"/> Delete       |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>VSD<br/>BERRIN, ROBERT G<br/>4601 PONCE DE LEON BLVD., #300<br/>MIAMI, FL 33146</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>D<br/>FISHER, ISAAC K.<br/>5881 SW 105TH ST.<br/>MIAMI, FL 33156</b> <input type="checkbox"/> Delete                |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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. |  |   |  |  |  |
| <b>SIGNATURE:</b>  <b>ARAMIS LOPEZ JR.</b> <b>4-11-05</b> <b>(305) 825-2331</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   |  |  |  |