

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90056 022 ***150.00

DOCUMENT # P96000010657	
1. Entity Name	
MY DREAMS 2 INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5908 WEST 16TH AVENUE Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State HIALEAH, FL		City & State	
Zip 33012-6814	Country USA	Zip	Country

40017005

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0655039		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name JIMENEZ, JORGE M	
Street Address (P.O. Box Number is Not Acceptable) 17673 NW 91TH AVE	
City MIAMI	FL Zip Code 33018

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 reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT JIMENEZ, JORGE M 17673 NW 91TH AVE MIAMI FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JIMENEZ, FELIPA DE N 17673 NW 91TH AVE MIAMI FL 33018
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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 on an attachment with an address, with all other like empowered.

SIGNATURE

Felipa de N Jimenez **FELIPA DE N JIMENEZ PRESIDENT**

1/22/2007

305-826-3391

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #