ATX1

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
09 FEB 11 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000010657

1. Entity Name

MY DREAMS BANQUET HALL 2 INC

DO NOT WRITE IN THIS SPACE

500143391265
02/11/09--01029--011 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5908 WEST 16TH AVENUE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HIALEAH, FL	City & State: SAME
Zip: 33012-0681 Country: USA	Zip: SAME Country: USA

4. FEI Number: 65-0655039 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $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: HIALEAH 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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11.	
TITLE	VPT	TITLE	
NAME	JIMENEZ, JORGE M	NAME	
STREET ADDRESS	17673 NW 91TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL33018	CITY-ST-ZIP	
TITLE	P	TITLE	
NAME	JIMENEZ, FELIPA D	NAME	
STREET ADDRESS	17673 NW 91TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33018	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	IN THIS SPACE
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ PRESIDENT FELIPA DE N JIMENEZ 1/21/2009

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