


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90197 019 ***150.00

DOCUMENT # P96000019689	
1. Entity Name CRYSTAL DREAMS BANQUET HALL, INC.	

Principal Place of Business 6042 W. OAKLAND PARK BLVD. SUNRISE FL 33313	Mailing Address 6042 W. OAKLAND PARK BLVD. SUNRISE FL 33313
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2. Principal Place of Business 6042 W. Oakland park Blvd. Suite, Apt. #, etc.	3. Mailing Address 6042 W. Oakland park Blvd. Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/04)


City & State Sunrise, FL	City & State Sunrise, FL
Zip 33313	Zip 33313
Country USA	Country USA

4. FEI Number 65-0644021	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JARAMILLO, SERGIO 10111 N.W. 32 ST. SUNRISE FL 33351
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7. Name and Address of New Registered Agent Name: Jaramillo Sergio Street Address (P.O. Box Number is Not Acceptable): 1021 Mockingbird Lane #210 City: Plantation FL Zip Code: 33324


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  (Treasurer)	DATE 2/20/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input type="checkbox"/> Delete JARAMILLO, GUSTAVO 190 SW 72ND TER. MARGATE FL 33068
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V <input type="checkbox"/> Delete JARAMILLO, SERGIO 1021 MOCKINGBIRD LN #210 PLANTATION FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <input type="checkbox"/> Delete MORENO, LUDY Y 1021 MOCKINGBIRD LANE #210 PLANTATION FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 reports 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: 	Ludy Y. Moreno	2/20/05	954 748-1300
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>