


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # P96000056689
 1. Entity Name
CORVETT DREAMS, INC.



Principal Place of Business 12522 SW 128TH ST MIAMI, FL 33186	Mailing Address 12522 SW 128TH ST MIAMI, FL 33186
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DO NOT WRITE IN THIS SPACE



05032007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0692393	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CENTURION, LUIS
 12522 SW 128TH ST
 MIAMI, FL 33186

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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 _____

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CENTURION, LUIS 12522 SW 128TH ST MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS CENTURION, LUIS 12522 S.W. 128 ST MIAMI, FL 33186
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 05/25/07-80085-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Luis Centurion Luis CENTURION 5/2/07 3053788586
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #