

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90042 013 \*\*\*150.00

DOCUMENT # P96000103265

1. Corporation Name  
MY FANTASY DAY, INC.

Principal Place of Business  
~~13868~~ SOUTHWEST 155 TERRACE  
MIAMI FL 33177

Mailing Address  
18001 SOUTHWEST 155 TERRACE  
MIAMI FL 33177

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/01/1997

4. FEI Number  
65-0715494

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☒ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

21. Principal Place of Business  
18001 SW 138 PL.  
Suite, Apt. #, etc.

2a. Mailing Address  
18001 6W 138 P1  
Suite, Apt. #, etc.

22. City & State  
MIAMI FL 33177

27. City & State  
MIAMI FL

23. Zip  
33177

29. Zip  
33177

24. Country  
DADE

30. Country  
DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER CHARTERED-  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

81. Name  
GEORGINA GOMEZ

82. Street Address (P.O. Box Number is Not Acceptable)  
18001 SW 138 P1

83. City

84. City  
MIAMI

FL

85. Zip Code  
33187

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/18/99  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
GOMEZ, JOAQUIN  
13868 SOUTHWEST 155 TERRACE  
MIAMI FL 33177

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
☒ Change ☐ Addition  
18001 SW 138 P1  
MIAMI FL 33177

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSD  
PEREZ, LIZETH M  
13868 SOUTHWEST 155 TERRACE  
MIAMI FL 33177

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☒ Change ☐ Addition  
18002 SW 138 CT  
MIAMI FL 33177

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☒ Addition  
GEORGINA GOMEZ  
18001 SW 138 P1  
MIAMI FL 33177

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99  
Date

(305) 232 1480  
Daytime Phone #

CR2E034 (11/98)