


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000048052</b>	
1. Entity Name <b>DREAM FLOWERS CORP.</b>	

Principal Place of Business <b>8005 NW 29 STREET MIAMI, FL 33122</b>	Mailing Address <b>PO BOX 523502 MIAMI, FL 33152</b>
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04182004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0761116</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent	
<b>DESHON, JORGE 8005 NW 29 STREET MIAMI, FL 33122</b>	

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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 reissuing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	1000000122969 04/21/04-80050-021 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD FABREGA, ROBERTO-AVENIDA AMAZONAS, (EDIFICIO BANCO AMAZONAS) 4TH FL., #402 QUITO, ECUDOR,</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVD MARIA DEL ROSARIO TOBAR DE FABREGA (EDIFICIO BANCO AMAZONAS) 4TH FL., #402 QUITO, ECUDOR,</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b> 	<b>04-15-04 786-293-8730</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>