

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90075 045 ***150.00

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1. Entity Name
DREAM CRUZ, INC.



Principal Place of Business
**% ATLANTIS HOLDINGS
645 E. DANIA BEACH BLVD.
DANIA BEACH, FL 33004**

Mailing Address
**% ATLANTIS HOLDINGS
645 E. DANIA BEACH BLVD.
DANIA BEACH, FL 33004**



2. Principal Place of Business
% ATLANTIS HOLDINGS
Suite, Apt. #, etc.

3. Mailing Address
% ATLANTIS HOLDINGS
Suite, Apt. #, etc.

01212005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0782030

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

**BLACKBURN, ACE J JR
COONEY MATTSON LANCE BLACKBURN RICHARDS
2312 WILTON DR.
FORT LAUDERDALE, FL 33305**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P/D ☐ Delete
NAME **BLACKBURN, A**
STREET ADDRESS **645 E DANIA BEACH BLVD**
CITY-ST-ZIP **DANIA BEACH, FL 33004**

TITLE SDV ☐ Delete
NAME **ECONOMOU, C**
STREET ADDRESS **645 E DANIA BEACH BLVD**
CITY-ST-ZIP **DANIA BEACH, FL 33004**

TITLE D ☐ Delete
NAME **WAGNER, J**
STREET ADDRESS **645 E DANIA BEACH BLVD**
CITY-ST-ZIP **DANIA BEACH, FL 33004**

TITLE D ☐ Delete
NAME **MORFIDIS, G**
STREET ADDRESS **645 E DANIA BEACH BLVD**
CITY-ST-ZIP **DANIA BEACH, FL 33004**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VP, D. 2-8-05