
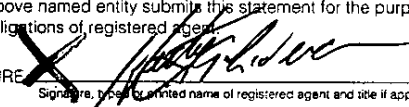
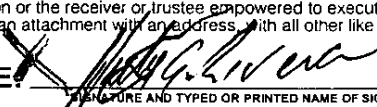


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90015 033 ***150.00

DOCUMENT # P98000071405 1. Entity Name AMERICAN DREAM INVESTMENT REALTY, INC.			
Principal Place of Business 6447 MIAMI LAKES DR E STE 200-G MIAMI LAKES, FL 33014		Mailing Address 6447 MIAMI LAKES DR E STE 200-G MIAMI LAKES, FL 33014	
2. Principal Place of Business - No P.O. Box # 12550 Biscayne Blvd Suite, Apt. #, etc. Suite 500 City & State N Miami, FL Zip 33181 Country USA		3. Mailing Address 12550 Biscayne Blvd Suite, Apt. #, etc. Suite 500 City & State N Miami, FL Zip 33181 Country USA	
6. Name and Address of Current Registered Agent RIVERA, HECTOR C 6447 MIAMI LAKES DR E STE 200-G MIAMI LAKES, FL 33014		7. Name and Address of New Registered Agent Name Rivera Hector C. Street Address (P.O. Box Number is Not Acceptable) 12550 Biscayne Blvd Suite 500 City N Miami FL Zip Code 33181	
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 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RIVERA, HECTOR C 6447 MIAMI LAKES DR E #200-G MIAMI LAKES, FL 33014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Rivera, Hector C. 12550 Biscayne Blvd, Suite 500 N Miami, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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 		Hector C. Rivera 2/23/07 786-777-7749 Director Date Daytime Phone #	