

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90020 018 \*\*\*150.00

**DOCUMENT # P99000059485**

1. Entity Name

DREAMS INTERNATIONAL CORP.



Principal Place of Business

1570 WEST 43RD PLAE  
SUITE 37  
HIALEAH FL 33012

Mailing Address

1570 WEST 43RD PLAE  
SUITE 37  
HIALEAH FL 33012

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **65-0974781**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

BAEZ, ONELIO  
3500 SW 139 AVE  
MIAMI FL 33175

7. Name and Address of New Registered Agent

Name **MARIO CRUZ**

Street Address (P.O. Box Number is Not Acceptable)  
**7305 W 2 COURT**

City **Hialeah**

**FL**

Zip Code **33014**

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 installing)

DATE

**3/7/07**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **MEDINA, DIGNA**  
STREET ADDRESS **4801 SW 201 TR**  
CITY- ST- ZIP **S W RANCH FL 33332**

TITLE **VP** ☐ Delete  
NAME **GOMEZ, AMARILYS**  
STREET ADDRESS **7305 W 2 COURT**  
CITY- ST- ZIP **HIALEAH FL 33014**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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 **P** ☒ Change ☐ Addition  
NAME **AMARILYS GOMEZ**  
STREET ADDRESS **7305 W 2 COURT**  
CITY- ST- ZIP **HIA FL 33014**

TITLE **VP** ☐ Change ☒ Addition  
NAME **MARIO CRUZ**  
STREET ADDRESS **7305 W 2 COURT**  
CITY- ST- ZIP **HIA FL 33014**

TITLE **VP** ☐ Change ☒ Addition  
NAME **Pedro Martinez**  
STREET ADDRESS **7305 W 2 COURT**  
CITY- ST- ZIP **HIA FL 33014**

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/27/07 (786) 223 7204**

Date

Daytime Phone #