

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000005095

**Entity Name:** DREAMERS' MOMS NETWORK, INC

**Current Principal Place of Business:**

21067 CALHOUN CORNERS TERR  
APT 303  
ASHBURN, VA 20147

**Current Mailing Address:**

501 SW 132 TERR  
DAVIE, FL 33325 US

**FEI Number:** 46-4338319

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SAUCEDO, ALICIA A  
501 SW 132 TERR  
DAVIE, FL 33325 US

*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.*

**SIGNATURE:** ALICIA ALEJANDRA SAUCEDO

04/30/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            TORRES, EVA MARIA  
Address        21067 CALHOUN CORNERS TERR  
                  APT 330  
City-State-Zip: ASHBURN VA 20147

Title            TREASURER  
Name            ARISMENDI, GLADYS  
Address        43 WARMAN ST 1ST FLOOR  
City-State-Zip: MONTCLAIR NJ 07042

Title            VICE PRESIDENT  
Name            CAÑENGUEZ, ANA  
Address        320 W 600 S  
                  #27  
City-State-Zip: TREMONTON UT 84337

Title            EXECUTIVE SECRETARY  
Name            SAUCEDO, CLAUDIA  
Address        501 SW 132 TERR  
City-State-Zip: DAVIE FL 33325

Title            PRESS & COMMUNICATIONS  
Name            SAUCEDO, A ALEJANDRA  
Address        501 SW 132 TERR  
City-State-Zip: DAVIE FL 33325

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALEJANDRA SAUCEDO

**PRESS &  
COMMUNICATIONS**

04/30/2017

Electronic Signature of Signing Officer/Director Detail

Date