

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000117979

Entity Name: DREAM PROFESSIONALS, LLC

Current Principal Place of Business:

511 JASMINE ROAD
CASSELBERRY, FL 32707

Current Mailing Address:

511 JASMINE ROAD
CASSELBERRY, FL 32707

FEI Number: 46-0985769

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

QUIROGA ANGELES, MARCO ANTONIO
511 JASMINE ROAD
CASSELBERRY, FL 32707 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGR
Name QUIROGA ANGELES, MARCO ANTONIO
Address 511 JASMINE ROAD
City-State-Zip: CASSELBERRY FL 32707

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARCO ANTONIO QUIROGA ANGELES

MGR

04/28/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date