

Washington Metropolitan Area Transit Commission

2011 Carrier Annual Report Form

PLEASE NOTE:

- Each carrier holding a WMATC certificate of authority on January 1, 2011, must file a complete 2011 annual report and pay a \$150 annual fee on or before **January 31, 2011**. To be timely, the report and fee must be received at WMATC's office by this date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a **\$100 late fee**. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate **\$100 late fee**.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 3, 2011.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

1. ANNUAL REPORT OF:

MAR - 1

1374 | DREAM MANAGEMENT, INC.

*WMATC No. *Name of Carrier (as shown on certificate of authority)

3700 KOPPERS ST. SUITE 109 BALTIMORE MD 21227

*Street Address of Principal Place of Business

Mailing Address (if different from street address)

443 451 9853 | 443 451 9854 | 410 803 2747 | lgutierrez@dream-mgmt.com

*Telephone Number Other Telephone Fax Number E-mail

2. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

LUIS GUTIERREZ | PRESIDENT

*Name *Title

443 677 9159 | 443-451-9853 | 410 803 2747 | luisg01@ren.com

*Telephone Number Other Telephone Fax Number E-mail

3. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*(Complete section 3 only if the street address in section 1 is outside the Metropolitan District):

The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

ERNEST SAMUEL

Name of Registered Agent for Service of Process

915 5TH STREET NW, WASHINGTON DC 20001

Street Address

202-789-0039 | 443 987 2523 | 202-789-1939 | esamuel@dream-mgmt.com

Telephone Number Other Telephone Fax Number E-mail

4. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

No CHANGES EXCEPT THAT WE CHANGED OUR REGISTERED AGENT FROM REGINAL LAURENT TO ERNEST SAMUEL. MR. SAMUEL IS RECEIVING MAIL AT THE SAME ADDRESS LISTED IN OUR REGISTRATION APPLICATION.

5. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** Choose one, and only one, of the following three options: (1) list your vehicles below; (2) make any necessary corrections on the enclosed vehicle list, check the box indicating all information is accurate, and return the list with both pages of this form; or (3) attach your own vehicle list to both pages of this form. Include all required information.

Fleet No. (if applicable)	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity
2803	CHEV 2007	CHEVY	1GBESV1957F424920	B43018	DC	28
2177	Ford 2011	Ford	1FDGF5GT7BEB53888	TEMP 1938421	PA	26
2176	Entourage 2011	Ford	1FDGF5GT8BEB53883	TEMP 1938420	PA	26

6. ***CERTIFICATION:**

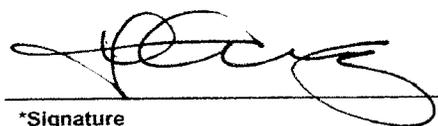
I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

LUIS GUTIERREZ

*Name (Type or Print)

PRESIDENT

*Title



*Signature

01/20/2011

*Date