


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2004 8:00 am
Secretary of State

08-05-2004 90008 020 ***150.00

DOCUMENT # F94000003402		
1. Entity Name DYNASERV INDUSTRIES, INC.		
Principal Place of Business 2001 TONNELLE AVENUE NORTH BERGEN, NJ 07047	Mailing Address 2001 TONNELLE AVENUE NORTH BERGEN, NJ 07047	

2217
24078531



07122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-2110991	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REED, JOHN
 990 S FLAMINGO RD
 DAVIE, FL 33325

DO NOT WRITE IN THIS SPACE

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 *X John Reed* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ATKINSON, RONALD W
STREET ADDRESS	58 TINGLEY LANE
CITY-ST-ZIP	EDISON, NJ 08820
TITLE	C
NAME	SIROTKIN, JOSEPH
STREET ADDRESS	16331 VINTAGE OAK LN
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	S
NAME	ALVARADO, LILLIAN
STREET ADDRESS	21 ETHERIDGE DRIVE
CITY-ST-ZIP	CARTERET, NJ
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Lillian Alvarado* LILLIAN ALVARADO 7/30/04 (201) 330-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #