

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

07-23-2007 90076 031 \*\*\*\*55.00

**DOCUMENT # L06000007448**

1. Entity Name  
**DINAMIC INVESTMENTS AND SERVICES, LLC**



Principal Place of Business      Mailing Address

**2355 NW 107 AVE**      **64 NORMANDY CIRCLE**  
**MIAMI, FL 33172 US**      **SCHAUMBURG, IL 60173 US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**14604 TUDOR CHASE DR.**      **14604 TUDOR CHASE DR.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.


City & State      City & State

**TAMPA - FL**      **TAMPA - FL**

Zip      Country      Zip      Country

**33626 US**      **33626 US**

**60000120**



07182007    Chg-LLC    CR2E083 (12/06)

4. FEI Number      Applied For

**20-4164681**      Not Applicable

5. Certificate of Status Desired       **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BARBOSA, JULIO C ESQ.**  
**19306 SW 78 AVE**  
**MIAMI, FL 33157**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 reinstating)      DATE

**Filing Fee is \$50.00 Due by September 14, 2007**

**Make check payable to Florida Department of State**

**9. MANAGING MEMBERS / MANAGERS**

TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	SOUZA MORAES, ISABEL C	
STREET ADDRESS	64 NORMANDY CIRCLE	
CITY - ST - ZIP	SCHAUMBURG, IL 60173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**10. ADDITIONS / CHANGES**

TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JORGE WIZ QUIAMA MORAES	
STREET ADDRESS	14604 TUDOR CHASE DR.	
CITY - ST - ZIP	TAMPA - FL 33626	
TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FABIO V. SIMOES	
STREET ADDRESS	404 GLADSTONE LN. ELGIN-IL-60120	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

**SIGNATURE:** *Fabio V. Simoes*      **7/18/07 (813)286-7100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #