


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 09, 2004 8:00 am
Secretary of State

06-09-2004 90001 012 ***150.00

DOCUMENT # P01000109796
 1. Entity Name
DYNABILT TECHNOLOGIES CORPORATION



Principal Place of Business
1850 NE 144 ST
N MIAMI FL 33181

Mailing Address
P O BOX 728
HALLANDALE FL 33008
US

2. Principal Place of Business
2300 DIANA DR

3. Mailing Address
2300 DIANA DR


Suite, Apt. #, etc.
201

City & State
HALLANDALE, FL

City & State
HALLANDALE FL

Zip Country
33009 USA

Zip Country
33009 USA



MOORE CR2E034 (4/04)

4. FEI Number **65-1157076** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~WAINWRIGHT, EARL~~
~~1850 NE 144 ST~~
~~N MIAMI FL 33181~~

DYNABILT TECHNOLOGIES
EARL WAINWRIGHT
2300 DIANA DR
HALLANDALE, FL 33009
Suite 201

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 *Earl Wainwright* **EARL WAINWRIGHT** **5-21-04** DATE

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	WAINWRIGHT, EARL
STREET ADDRESS	1850 NE 144 ST 2300 DIANA DR
CITY-ST-ZIP	N MIAMI FL 33181 HALLANDALE FL 33009
TITLE	D <input type="checkbox"/> Delete
NAME	BADER, HAROLD
STREET ADDRESS	1850 NE 144 ST 2300 DIANA DR
CITY-ST-ZIP	N MIAMI FL 33181 HALLANDALE FL 33009
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Earl Wainwright* **EARL WAINWRIGHT** **5-21-04** **305 9199800**

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