

Sent By: Steve Ketover, CPA PA;

954 961 7837;

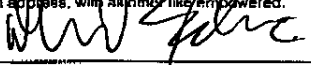
May-

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90176 043 ***550.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

24071908

DOCUMENT # P94000026732					
1. Entity Name DYNAMIC MARINE ELECTRIC CORPORATION					
Principal Place of Business 5759 FUNSTON ST. HOLLYWOOD, FL 33023 US			Mailing Address 5759 FUNSTON ST. FT. LAUDERDALE, FL 33023 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0483881	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOLIC, JACOV 5759 FUNSTON STREET HOLLYWOOD, FL 33023			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 _____ (NOTE: Registered Agent signature required when registering)					
FILE NOW!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FOLIC, JACOV		NAME		
STREET ADDRESS	100 S. VICTORIA PARK ROAD		STREET ADDRESS		
CITY- ST- ZIP	FORT LAUDERDALE, FL		CITY- ST- ZIP		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FOLIC, DAVID		NAME		
STREET ADDRESS	6980 SW 8TH CT		STREET ADDRESS		
CITY- ST- ZIP	FORT LAUDERDALE, FL 33317		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(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: 			David Folie 5/1/04 954-964-2880		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		