


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90181 041 \*\*\*150.00

**DOCUMENT # P95000092019**

1. Entity Name  
**DYNAMIC IMPORT/EXPORT INC.**



Principal Place of Business      Mailing Address

**14604 SW 57 TERR.  
 MIAMI FL 33183  
 US**      **14604 SW 57 TERR.  
 MIAMI FL 33183  
 US**

2. Principal Place of Business      3. Mailing Address

**3221 E. 11 AVE**      **14604 SW 57 TERR**

Suite, Apt. #, etc.      Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State      City & State

**HALEAH, FL**      **MIAMI FL 33183**

Zip      Country      Zip      Country

**33013**      **USA**      **33183**      **USA**

4. FEI Number      Applied For

**65-0637732**       Not Applicable

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

6. Name and Address of Current Registered Agent

**MARTINO, TANYA  
 14604 SW 57 TERR.  
 MIAMI FL 33183**

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 \_\_\_\_\_ DATE \_\_\_\_\_

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MARTINO, TANYA</b>
STREET ADDRESS	<b>14604 SW 57 TERR.</b>
CITY-ST-ZIP	<b>MIAMI FL 33183</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>MARTINO, TANYA</b>
STREET ADDRESS	<b>14604 SW 57TH TERRACE</b>
CITY-ST-ZIP	<b>MIAMI FL 33183</b>
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 checked="" type="checkbox"/> Addition
NAME	<b>SECRETARY              MARTINO, TANYA</b>
STREET ADDRESS	<b>14604 S.W. 57 TERR</b>
CITY-ST-ZIP	<b>MIAMI FL 33183</b>
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: Tanya S. Martino      Date: 4-26-04

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