2005 FOR PROFIT CORPORATION ANNUAL REPORT.

DOCUMENT # P98000015563

1. Entity Name

#150

Principal Place of Business 2510 NW 97 AVE

MIAMI, FL 33172-1415

DYNAMIC CELLULAR CORP.



Address

2510 NW 97 AVE #150.

MIAMI, FL 33172-1415

FILED Jan 24, 2005 8:00 am Secretary of State

01-24-2005 90039 050 ***150.00

40004751



DO NOT WRITE IN THIS SPACE

01142005 No Ch

No Chg-P

CR2E034 (10/03)

4.	FEI Number		Applied Fo	r
	65-0815972	[Not Applica	able
5.	Certificate of Status Desired	\$8.75 Additional Fee Required		•

6. Name and Address of Current Registered Agent

SERBER, DANIEL J ESQ. 25 SE 2ND AVE., SUITE 730 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

	The second secon				
	named entity submits this statement for the pi ions of registered agent.	urpose of changing its registere	d öffice or registered agent, or both,	in the State of Florida. I am familiar with, and a	accept
SIGNATURE.					_
	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered	Agent signature required when reinstating)	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finant Trust Fund Contribution.	cing \$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP:	PD				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					į
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO I	NOT WRITE	
TITLE		.	~ ~ N-T	HIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			*		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			. *		
12. I hereby indicated	certify that the information supplied with this fill don this report or supplemental report is true a	ing does not qualify for the exer	nption stated in Section 119.07(3)(i) ure shall have the same legal effect	Florida Statutes. I further certify that the inform as if made under oath; that I am an officer or di	ation rector

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:

ATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

LEONARDO SCHAMY

01-15-05

(305) 592.0545

Daytime Phone #