

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90104 032 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000075641**  
 1. Corporation Name  
**DYNAMIC VAN LINES MOVING & STORAGE INC.**



Principal Place of Business 838 NE 40 COURT OAKLAND PARK FL 33334	Mailing Address 838 NE 40 COURT OAKLAND PARK FL 33334
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DO NOT WRITE IN THIS SPACE


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/27/1998</b>	
21 1650 W Oakland Park Blvd	22 9110	27 1650 W Oakland Park Blvd	28 9110	4. FEI Number <b>65-0849524</b>	Applied For Not Applicable
23 Ft Lauderdale FL	24 33311	29 Ft Laud. FL	30 33311	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>A</b>	<b>\$8.75</b> Additional Fee Required
25 USA		26 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
27		28		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**GHAZAL, JOSHUA D**  
 838 NE 40 COURT  
 OAKLAND PARK FL 33334

10. Name and Address of New Registered Agent

81 Name <b>YOSEF ZAGURI</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>871 NW 85th Ter # 1703</b>
83
84 City <b>Plantation</b>
85 Zip Code <b>FL 33324</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  **President Yosef Zaguri** 3/4/99  
Signature typed or printed name of Registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>GHAZAL, JOSHUA D</b>	
STREET ADDRESS <b>8170 MIZNER LANE</b>	
CITY-ST-ZIP <b>BOCA RATON FL 33433</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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>ZAGURI YOSEF</b>	
1.3 STREET ADDRESS <b>871 NW 85th Ter # 1703</b>	
1.4 CITY-ST-ZIP <b>Plantation FL 33324</b>	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **REQUIRED** 954-41  
Signature and typed or printed name of signing officer or director Date Daytime

CR2E034 (11/98)