

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000096358

FILED  
Feb 09, 2012  
Secretary of State

**Entity Name:** DYNAMIC CORPORATE CONSULTANTS, INC.

**Current Principal Place of Business:**

13940 SW 136 STREET  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

13940 SW 136 STREET  
MIAMI, FL 33186

**New Mailing Address:**

**FEI Number:** 65-0876874      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DUART, CARLOS A  
13940 SW 136 STREET  
MIAMI, FL 33186    US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: BENITEZ, VICTOR M  
Address: 13940 SW 136 STREET  
City-St-Zip: MIAMI, FL 33186

Title: PD  
Name: DUART, CARLOS A  
Address: 13940 SW 136 STREET  
City-St-Zip: MIAMI, FL 33186

Title: SVP  
Name: WAGES, WILLIAM  
Address: 13940 SW 136 STREET  
City-St-Zip: MIAMI, FL 33186

Title: TS  
Name: PEREZ, MARILEY  
Address: 13940 SW 136 STREET  
City-St-Zip: MIAMI, FL 33186

Title: VP  
Name: GONZALEZ, SERGIO  
Address: 13940 SW 136 STREET  
City-St-Zip: MIAMI, FL 33186

Title: D  
Name: BENITEZ, IVONNE  
Address: 13940 S.W. 136TH STREET  
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CARLOS A. DUART

PD

02/09/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date