

FILED  
Jun 22, 2001 8:00 am  
Secretary of State

05-25-2001 90292 031 \*\*\*158.75

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000099209

1. Entity Name

DYNAMIC TRADING CO.

(PA)

Principal Place of Business

Mailing Address

2. Principal Place of Business

8000 NW 31st St

3. Mailing Address

Suite, Apt. #, etc.

2

Suite, Apt. #, etc.

City & State

Miami FL

City & State

MIAMI

Zip

33122

Country

USA

Zip

Country

4. FEI Number

65-0907275

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Edvaldo Gadea  
10689 N. Kendall Dr. #304  
Miami, FL 33176.

Name: Talison Advisory, Corp  
Street Address (P.O. Box Number is Not Acceptable)  
10300 Sunset Dr, Suite # 435  
City Miami FL Zip Code 33173

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.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent signature required when renaming)

6/19/01

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE IN OWNERS NAME MAY 15 2001

FEES: \$250.00 Fee will be \$200.00 Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	Moira Norberto A.	
STREET ADDRESS	11591 NW 50th Ter	
CITY-ST-ZIP	Miami FL 33178	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	Guzman Sonia	
STREET ADDRESS	1824 Brickell Ave	
CITY-ST-ZIP	Miami FL 33129	
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		

12. 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 type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fonseca Ingrid Elizabeth	
STREET ADDRESS	11591 N.W. 50th Terrace	
CITY-ST-ZIP	Miami, FL 33178	
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		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or Block 12 if changed, or on an attachment with an address with all other officers empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/01

DATE

305-592-0256

DATE TIME PHONE

CR2E034 (1/1/00)