


FILED
Aug 26, 2005 8:00 am
Secretary of State

08-26-2005 90003 019 ***558.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 671876

1. Entity Name
CORPORATE DYNAMICS, INC.



Principal Place of Business: **6100 HOLLYWOOD BLVD 108 HOLLYWOOD, FL 33024-981 US**

Mailing Address: **6100 HOLLYWOOD BLVD 108 HOLLYWOOD, FL 33024-981 US**

50063582



2. Principal Place of Business: **2009 N. Park Rd.**

3. Mailing Address: **SAME**

Suite, Apt. #, etc.: **N/A**

Suite, Apt. #, etc.:

City & State: **Hollywood, FL**

City & State:

Zip: **33021** Country: **Broward**

Zip: Country:

07052005 Chg-P CR2E034 (10/03)

4. FEI Number: **59-2069560**

Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent

SORIN, HERMAN I
2009 N PARK ROAD
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable): _____

City: _____ State: **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: _____ (NOT a Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE: PD	<input type="checkbox"/> Delete
NAME: SORIN, HERMAN I	
STREET ADDRESS: 2009 N PARK ROAD	
CITY-ST-ZIP: HOLLYWOOD, FL 00000.	
TITLE: D	<input type="checkbox"/> Delete
NAME: SORIN, LILLIAN M.	
STREET ADDRESS: 2401 SOUTH OCEAN DRIVE, SUITE 2608	
CITY-ST-ZIP: HOLLYWOOD, FL	
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 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)(a), 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 affidavit, with all other like empowered.

SIGNATURE: *[Signature]* 8/21/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Fredric C. Buresh**

854-989-2227