

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F00000006148**

1. Entity Name  
**DYNAMOTIVE CORPORATION**



**Principal Place of Business**

**ANGUS CORPORATE CENTER, SUITE 105  
1700 WEST 75TH AVE., VANCOUVER, B.C.  
CANADA V6P 6G2,**

**Mailing Address**

**ANGUS CORPORATE CENTER, SUITE 105  
1700 WEST 75TH AVE., VANCOUVER, B.C.  
CANADA V6P 6G2,**



01092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **05-0454133** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MENDEZ, SERGIO L ESQ.  
901 PONCE DE LEON BLVD  
# 304  
CORAL GABLES, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**U000000033026  
02/05/04-80025-020 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KINGSTON, ANDREW 20 GRAND BAY ESTATES CIRCLE KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIN, RICHARD 6996 ARBUTUS STREET VANCOUVER, BC CANADA, v6p 5s8
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO ACHESON, JAMES 134 NORTH VAN NESS AVENUE LOS ANGELES, CA 90004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Jan 28, 2004*