

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 05, 2004 8:00 am**  
**Secretary of State**

08-05-2004 90008 020 \*\*\*150.00

**DOCUMENT # F94000003402**

1. Entity Name  
**DYNASERV INDUSTRIES, INC.**



Principal Place of Business  
**2001 TONNELLE AVENUE  
NORTH BERGEN, NJ 07047**

Mailing Address  
**2001 TONNELLE AVENUE  
NORTH BERGEN, NJ 07047**

2217

**24078531**



07122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**11-2110991**

Applied For  
Not Applicable

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

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

**REED, JOHN  
990 S FLAMINGO RD  
DAVIE, FL 33325**

**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 *X John Reed*  
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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
ATKINSON, RONALD W  
58 TINGLEY LANE  
EDISON, NJ 08820**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**C  
SIROTKIN, JOSEPH  
16331 VINTAGE OAK LN  
DELRAY BEACH, FL 33484**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
ALVARADO, LILLIAN  
21 ETHERIDGE DRIVE  
CARTERET, NJ**

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)(i), 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:**

*Lillian Alvarado*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/30/04**

Date

**(201) 330-7700**

Daytime Phone #