2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGN

Apr 15, 2004 8:00 am Secretary of State DOCUMENT # K77218 1. Entity Name 04-15-2004 90044 028 ***150.00 AMERICAN DYNATROM, INC. Principal Place of Business Mailing Address 2787 E. OAKLAND PARK BLVD. 2787 E OAKLAND PARK BLVD SUITE 316 FORT LAUDERDALE FL 33306 FT. LAUDERDALE FL 33306 2. Principal Place of Business 3. Mailing Address 3532 Dunes Vista Dr 3532 Dunes Vista Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2947778 Pomparo Bch Not Applicable Pomparo \$8.75 Additional 5. Certificate of Status Desired 33069 Fee Required ᠖᠙ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TROMBINO, ELEANOR 3603 DUNES VISTA DR Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33069 City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Delete TITLE TITLE NAME TROMBINO, ELEANOR NAME 3532 Dunes Viola Dr Dompano Bon, FL 33068 3603 DUNES VISTA DR STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33069 CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE TITLE TROMBINO, JAMES NAME NAME 3530 Dunes Visla Dr Pampano Bch FL 33069 3603 DUNES VISTA DR STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33069 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change | Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP 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)(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.

FILED