

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000016533

1. Entity Name
DYNAMIC DESIGN ONLINE, INC.



Principal Place of Business
**4861 N.W. 4TH TERRACE
MIAMI, FL 33126**

Mailing Address
**PO BOX 52-1405
MIAMI, FL 33152**



03252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0992769	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ALVAREZ, EVA
4861 N.W. 4TH TERRACE
MIAMI, FL 33126**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ALVAREZ, EVA
STREET ADDRESS	4861 NW 4TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33126

TITLE	VP
NAME	ALVAREZ, ELENA
STREET ADDRESS	4861 NW 4TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33126

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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04/02/05-80034-004 150.00

**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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EVA ALVAREZ

3/25/05

Date

(305) 448-7627

Daytime Phone #