

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000033540

1. Entity Name  
DYNAMIC RESTORATION, INC.



Principal Place of Business  
5530 NW 72 AVENUE  
MIAMI, FL 33166

Mailing Address  
5530 NW 72 AVENUE  
MIAMI, FL 33166

FILED

08 SEP 18 AM 11:13

CLERK OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08202008

Chg-P

CR2E034 (12/06)

4. FEI Number

65-0994353

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MESA, JR., RICARDO  
7003 WEST 4TH WAY  
HIALEAH, FL 33014

7. Name and Address of New Registered Agent

Name Mesa, Jr., Ricardo  
Street Address (P.O. Box Number is Not Acceptable)  
815 Regal Cove  
City Weston FL Zip Code 33327

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete  
NAME MESA, RICARDO JR  
STREET ADDRESS 7003 WEST 4TH WAY  
CITY-ST-ZIP HIALEAH, FL 33014

TITLE President ☒ Change ☐ Addition  
NAME Mesa, Jr., Ricardo  
STREET ADDRESS 815 Regal Cove  
CITY-ST-ZIP Weston, FL 33327

TITLE VP ☒ Delete  
NAME MESA, ELENA  
STREET ADDRESS 7003 WEST 4TH WAY  
CITY-ST-ZIP HIALEAH, FL 33014

TITLE VP ☒ Change ☐ Addition  
NAME Mesa, Elena  
STREET ADDRESS 815 Regal Cove  
CITY-ST-ZIP Weston, FL 33327

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 8/20/08

Date

Daytime Phone #

9/1/08