

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

3/8

03-08-2004 90035 048 ***150.00

DOCUMENT # P01000036792

1. Entity Name
 DYNAMIC WORKS INC.



Principal Place of Business Mailing Address
 4980 E. 8TH LANE 4980 E. 8TH LANE
 HIALEAH, FL 33013 HIALEAH, FL 33013

2. Principal Place of Business Suite, Apt. #, etc. *Same as above*
 3. Mailing Address Suite, Apt. #, etc. *Same as above*
 City & State City & State
 Zip Country Zip Country



03032004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1093294 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 SMITH, DOROTHY
 4980 E. 8TH LANE
 HIALEAH, FL 33013

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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.

SIGNATURE *Dorothy E Smith*
Signature, typed or printed name of registered agent who file if applicable.

3-03-04
(NOTE: Registered Agent signature required when re-registering)

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

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	DOROTHY E SMITH	
STREET ADDRESS	4980 E 8TH AVE	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	V. PRESIDENT	<input type="checkbox"/> Delete
NAME	DOROTHY E SMITH	
STREET ADDRESS	4980 E 8TH AVE	
CITY-ST-ZIP	HIALEAH, FL, 33013	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	DOROTHY E SMITH	
STREET ADDRESS	4980 E 8TH AVE	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	DOROTHY E SMITH	
STREET ADDRESS	4980 E 8TH AVE	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: *Dorothy E Smith*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

303204 305 681-1947
Date Daytime Phone #