

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-08-2004 90035 048 ***150.00

3/8

DOCUMENT # P01000036792

1. Entity Name
DYNAMIC WORKS INC.



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

Mailing Address
4980 E. 8TH LANE
HIALEAH, FL 33013

2. Principal Place of Business
Same as above

3. Mailing Address
Same as above



03032004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-1093294

☒ Applied For
☐ Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, DOROTHY
4980 E. 8TH LANE
HIALEAH, FL 33013

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 and file if applicable.

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

DATE

3-03-04

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
*PRESIDENT
DOROTHY E SMITH
4980 E 8TH AVE
HIALEAH FL 33013*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
*V. PRESIDENT
DOROTHY E SMITH
4980 E 8TH AVE
HIALEAH, FL, 33013*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
*TREASURER
DOROTHY E SMITH
4980 E 8TH AVE
HIALEAH FL 33013*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
*SECRETARY
DOROTHY E SMITH
4980 E 8TH AVE
HIALEAH FL 33013*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition
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 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

Date

Daytime Phone #

3-03-04 305-681-1747