


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90007 031 \*\*\*150.00

<b>DOCUMENT # P01000040967</b>		
1. Entity Name <b>DYNASTY ENTERTAINMENT, INC.</b>		

Principal Place of Business <b>PO BOX47771 TAMPA, FL 33647</b>	Mailing Address <b>PO BOX47771 TAMPA, FL 33647</b>
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**J4001140**



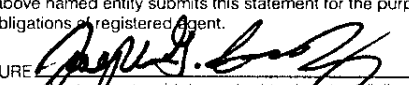
2. Principal Place of Business <b>17000 N. Bay Road</b> Suite, Apt. #, etc. <b>Bldg. 1 Apt 1710</b> City & State <b>Sunny Isles, FL</b> Zip <b>33160</b> Country <b>USA</b>	3. Mailing Address <b>17000 N. Bay Road</b> Suite, Apt. #, etc. <b>Bldg. 1 Apt 1710</b> City & State <b>Sunny Isles FL</b> Zip <b>33160</b> Country <b>USA</b>
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01202004 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1096927</b>	Applied For <input type="checkbox"/> Not Applicable
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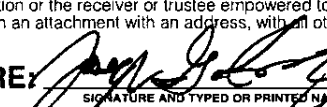
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>FERNANDEZ, JOSEPH G 3717 JEFFERSON COMMONS DRIVE APT 202 TAMPA, FL 33610</b>	7. Name and Address of New Registered Agent Name <b>Joseph G. Fernandez</b> Street Address (P.O. Box Number is Not Acceptable) <b>17000 N. Bay Road Apt. 1710</b> City <b>Sunny Isles</b> FL Zip Code <b>33160</b>
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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  **Joseph Fernandez, Reg. Agent 1/20/04**  
(NOTE: Registered Agent signature required when registering) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST FERNANDEZ, JOSEPH G 3717 JEFFERSON CMS DR TAMPA, FL 33610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S/T Fernandez, Joseph 17000 N. Bay Road Bldg. 1 Apt. 1710 Sunny Isles, FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.  
SIGNATURE:  **Joseph Fernandez Pres 1/20/04 363-9262**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #