


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

\$158.75 **FILED**
Jan 23, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P01000085923 1. Entity Name DYNAMIC AUTO DESIGN, INC. |  |
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| Principal Place of Business 13100 SW 85TH AVE ROAD MIAMI, FL 33156 | Mailing Address 13100 SW 85TH AVE ROAD MIAMI, FL 33156 |
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DO NOT WRITE IN THIS SPACE



01152004 No Chg-P CR2E034 (10/03)

| | |
|-----------------------------|--|
| 4. FEI Number 65-1133249 | Applied For <input type="checkbox"/> Not Applicable |
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|--|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent AZADI, BEHROUZ 13100 SW 85TH AVE ROAD MIAMI, FL 33156 |
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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.

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|---|--|------------|
| SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|---|--|------------|

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DVS AZADI, BEHROUZ 13100 SW 85TH AVE ROAD MIAMI, FL 33156 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DPT HAYAT, DJAHANGIR 13100 SW 85TH AVE ROAD MIAMI, FL 33156 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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01/23/04-80015-019 158.75

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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 empowerment.

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| SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Vice Pres 1-1504 256-8889 <small>Date Daytime Phone #</small> |
|--|--|