2003 FOR PROFIT CORPORATION

FILED Apr 23, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P02000027123 DOCUMENT # 1. Entity Name 04-23-2003 90115 010 ***150.00 DINAMICA HOLDINGS, INC. Principal Place of Business Mailing Address 16235 EMERALD COVE RD 16235 EMERALD COVE RD WESTON FL 33331 WESTON FL 33331 2. Principal Place of Business 3. Mailing Address 3475 Shoridan Sheridan Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number 01-0620942 Not Applicable Country J A \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEYNE, CLAUDIA *** *** Street Address (P.O. Box Number is Not Acceptable) 16235 EMERALD COVERD WESTON FL 33331 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 registere SIGNATURE . Signature typed or name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! 12 E IS \$150.00 After May 1, 2003 2 e will be \$550.00 \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Make Check Payable to Totida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE ☐ Delete TITLE DAVIN A. ROOS 3475 Sheridan #316 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS

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

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