2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State
02-12-2004 90024 026 ***150.00

DOCUMENT # P02000078795

1. Entity Name

DINAMIC SOUND ON WHEELS INC.

Principal Place of Business	Mailing Address
1605 NW 119 STREET NORTH MIAMI FL 33167	1605 NW 119 STREET NORTH MIAMI FL 33167

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
1495 NW 119th ST	1495 NW 119th ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N. Miami, FL	City & State: N. Miami
Zip: 33167 Country: U.S.A	Zip: 33167 Country: USA

4. FEI Number: 65-0794416 ☐ Applied For ☐ Not Applicable

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
ALFONSO, LAZARO OLD ~~1144 NW 123 STREET~~ ~~NORTH MIAMI FL 33168~~ NEW: 1301 SW 135th CT Miami, FL 33184	Name: Yoandri Alfonso Street Address (P.O. Box Number is Not Acceptable): 1144 NW 123 RD ST City: N. Miami FL Zip Code: 33168

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: Lazaro Alfonso (owner) DATE: 2/6/4
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALFONSO, LAZARO ~~1144 NW 123 RD ST.~~ 1301 SW 135th CT. ~~NORTH MIAMI FL 33168~~ Miami, FL 33184	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD ALFONSO, ARIEL 1144 NW 123 ST. NORTH MIAMI FL 33168	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Lazaro Alfonso (owner) 2/6/4 (786)251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #