

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90012 017 ***150.00

DOCUMENT # P02000078795 1. Entity Name DINAMIC SOUND ON WHEELS INC.					
Principal Place of Business 1495 NW 119TH STREET NORTH MIAMI, FL 33167			Mailing Address 1495 NW 119TH STREET NORTH MIAMI, FL 33167		
2. Principal Place of Business 1495 NW 119th ST. Suite, Apt. #, etc.			3. Mailing Address 1495 NW 119th ST Suite, Apt. #, etc.		
City & State N. Miami, FL		City & State N. Miami, FL		4. FEI Number 65-0794416	
Zip 33167		Country U.S.A		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALFONSO, YOANDRI 1301 SW 135TH CT MIAMI, FL 33184				7. Name and Address of New Registered Agent Name Lazaro Alfonso Street Address (P.O. Box Number is Not Acceptable) 1495 NW 119th ST. City Miami FL Zip Code 33167	
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: <u><i>Lazaro Alfonso</i></u> Lazaro Alfonso (President) 01/06/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	PD ALFONSO, LAZARO 1301 SW 135TH CT MIAMI, FL 33184	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Lazaro Alfonso 1495 NW 119th ST MIAMI, FL 33167	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ALFONSO, ARIEL 1144 NW 123 ST. NORTH MIAMI, FL 33168	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ 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: <u><i>Lazaro Alfonso</i></u> Lazaro Alfonso (PD) 01/06/05 (305) 685-1862 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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