

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 06, 2005 08:00 AM
Secretary of State

DOCUMENT #P03000124390

1. Entity Name
DYNASERV FLORIDA, INC.



Principal Place of Business
**990 S FLAMINGO RD
DAVIE, FL 33325**

Mailing Address
**2001 TONNELLA AVE
NORTH BERGEN, NJ 07047**

DO NOT WRITE IN THIS SPACE



06292005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-0414640

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**REED, JOHN
990 S FLAMINGO RD
DAVIE, FL 33325**

**DO NOT WRITE
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.

SIGNATURE

John Reed

JOHN REED

6/30/05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SIROTKIN, JOSEPH
STREET ADDRESS	990 S FLAMINGO RD
CITY-ST-ZIP	DAVIE, FL 33325
TITLE	D
NAME	ATKINSON, RONALD W
STREET ADDRESS	990 S FLAMINGO RD
CITY-ST-ZIP	DAVIE, FL 33325
TITLE	D
NAME	ALVARADO, LILLIAN
STREET ADDRESS	990 S FLAMINGO RD
CITY-ST-ZIP	DAVIE, FL 33325
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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07/06/05-80002-009 550.00

**DO NOT WRITE
IN THIS SPACE**

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. **Lillian Alvarado**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lillian Alvarado
SECRETARY

Date

Daytime Phone #

6/29/05

201 330 7700