

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 15, 2006 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



07252006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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*

(NOTE: Registered Agent signature required when reinstating)

8/3/06

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
SIROTKIN, JOSEPH  
990 S FLAMINGO RD  
DAVIE, FL 33325

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
ATKINSON, RONALD W  
990 S FLAMINGO RD  
DAVIE, FL 33325

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
ALVARADO, LILLIAN  
990 S FLAMINGO RD  
DAVIE, FL 33325

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000574424  
08/15/06-80004-006 550.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Lillian Alvarado*  
LILLIAN ALVARADO

8/8/06 (201) 330 7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #