2006 FOR PROFIT CORPORATION ANNUAL REPORT -

SIGNATURE:

May 03, 2006 8:00 am Secretary of State **DOCUMENT # P04000014583** 1. Entity Name 05-03-2006 90202 025 ***150 00 DYNAMIC TRANSPORT, CORP. Mailing Address Principal Place of Business 1375 NW 97TH AVE. 1375 NW 97TH AVE. UNIT 13 UNIT 13 MIAMI, FL 33172 MIAMI, FL 33172 3. Mailing August 2129 NL 2. Principal Place of Business 2139 NW 7979 Suite, Apt. #, etc. Suite, Apt. #, etc. 04242006 CR2E034 (11/05) Cha-P Applied For City & State City & State 4. FEI Number Migmi 11amı 86-1094776 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired ade 1*adc* Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TRANSGLOBAL CORPORATE ADMINISTRATION LLC Street Address (P.O. Box Number is Not Acceptable) 520 BRICKLEY KAY DRIVE # O305 MIAMI, FL 33131 City Zip Code 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. **PVST** TITLE Change ☐ Addition ☐ Delete ZÉPÉDA, JORGE TITLE 520 Brickell bey Drive, Suite 0-305 LANZAS, JORGE NAME NAME 520 BRICKELL KAY DRIVE, # O-305 STREET ADDRESS STREET ADDRESS Miami, FL 33131 CITY-ST-ZIP MIAMI, FL 33131 CITY-S1-7IP LANZAS, MARY DIVE, #0-305 D TTLE ☐ Addition Delete TITLE NAME LANZAS, AUCILIADORA 520 BRICKELL KEY DRIVE, # O-305 STREET ADDRESS STREET ADDRESS Miami, FL 33131 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33131 TITLE ☐ Delete TITLE Change | [] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 propowered 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 add ess, with all other like empowered

FILED