2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2005 8:00 am Secretary of State

DOCUMENT # P0400019927 1. Entity Name N.G. DYNAMIC SERVICES, INC.						04-13-2005 9	0027 002 ***15	60.00
Principal Place of Business 2 171 ENSENADA TERR. WESTON, FL 33327		Mailing Address 2171-ENSENADA TERR. WESTON, FL 33327			20030887			
2. Principal Place of Business 1157				race	03292005	Chg-P	CR2E034 (10/03)	
City & Stat	ie	City & State Westron		4. FEI Numbi	570866	¬ A	pplied For ot Applicable	
Zip 333	Country	Zip 33326	Country	SA		of Status Desired	S8.75 Ac	ditional
-	- 6Name and Address of Current	Registered Agent	<u> </u>		7. Name and	Address of New Re	gistered Agent	
MONTOYA, NURY				Street Address (P.O. Box Number is Not Acceptable) The street Address (P.O. Box Number is Not Acceptable) The street Address (P.O. Box Number is Not Acceptable)				
WESTON, FL-33327				115	7 <i>F</i> 4	raldue	TRACE T	£ 1605
	. Consider # St.		C	WOSTO	27		FL Zip Coo	ie 326
	named entity submits this statement for	or the purpose of changing its				th, in the State of Flori	ida. I am familiar with	, and accept
SIGNATURE NUT VINES Signature, yield of printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE								
	/ E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campai 00 Trust Fund Cont		· ••.	.00 May Be ed to Fees			
10. OFFICERS AND DIRECTORS			11.		ADDITIONS/	CHANGES TO OFFIC	CERS AND DIRECTOR	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONTOYA, NURY -2171-ENSENADA TERR: WESTON, FL 33327	☐ Delete	THE NAME STREET AD CHY-ST-2	DDRESS // J			Ma Change TNA (€ # 13336	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-2	DDAESS			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		· Delete	TITLE NAME STREET AD CITY-ST-				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Datete	TITLE NAME STREET AD CITY-ST-2	l l		•	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-2				□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET AD CITY-ST-2	ZIP			, Change	☐ Addition
12. Thereby of indicated	certify that the information supplied wit on this report or supplemental report i	h this filing does not qualify for s true and accurate and that ri	r the exempti ny signature	ion stated in Se shall have the	ction 119.07(3)(same legal effec	i), Florida Statutes. I f it as if made under oa	further certify that the ath; that I am an office	information r or director