

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90152 014 \*\*\*150.00

<b>DOCUMENT # P04000041870</b> 1. Entity Name <b>DINAMAX ENTERPRISES, INC.</b>			
Principal Place of Business <b>3050 SW 109TH AVE MIAMI, FL 33165</b>		Mailing Address <b>3050 SW 109TH AVE MIAMI, FL 33165</b>	
2. Principal Place of Business <b>3056 N.W. 72 Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>3056 N.W. 72 Ave</b> Suite, Apt. #, etc.	
City/State <b>Miami, Florida</b>		City/State <b>Miami Florida</b>	
Zip <b>33122</b>		Zip <b>33122</b>	
Country <b>U.S.A.</b>		Country <b>U.S.A.</b>	
4. Filing Date <b>7/01/52584</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ORTEGA, JOSE 3050 SW 109TH AVE MIAMI, FL 33165</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>PD</b>	NAME <b>ORTEGA, JOSE</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3050 SW 109TH AVE</b>	CITY-ST-ZIP <b>MIAMI, FL 33165</b>		
TITLE <b>V</b>	NAME <b>PEREZ, JOAQUIN</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>URB ALTURAS DEL JUNCO</b>	CITY-ST-ZIP <b>PUERTO RICO 00612,</b>		
TITLE <b>S</b>	NAME <b>SOTO, ELISAMUEL</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>URB VILLA ROSA D-21</b>	CITY-ST-ZIP <b>PUERTO RICO 00612,</b>		
TITLE <b>T</b>	NAME <b>YONG, CARLOS</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>432 NW 24TH AVE</b>	CITY-ST-ZIP <b>MIAMI, FL 33125</b>		
TITLE <b></b>	NAME <b></b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>		
TITLE <b></b>	NAME <b></b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>		
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.			
<b>SIGNATURE:</b> <i>Carlos Yong Jr</i> (President)		Date <b>4/4/05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	