## 2006 FOR PROFIT CORPORATION

## Jan 23, 2006 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # P04000162695 01-23-2006 90035 020 \*\*\*150.00 1. Entity Name DYNA CORPORATION Principal Place of Business Mailing Address 3220 W FLAGLER ST # 10 3220 W FLAGLER ST # 10 MIAMI, FL 33135 MIAMI, FL 33135 01202006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 56-2491966 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent UGARTE, MARTHA DO NOT WRITE 3220 W FLAGLER ST # 10 MIAMI, FL 33135 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE NAME UGARTE, MARTHA STREET ADDRESS 3220 W FLAGLER ST # 10 CITY-ST-ZIP MIAMI, FL 33135 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 applicass, with all other like empowered.

SIGNATURE: 4

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

E OF SIGNING OFFICER OR DIRECTOR

FILED