


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90270 015 \*\*\*150.00

**DOCUMENT # P05000058391**

1. Entity Name  
**DYNAMIK TOTAL SERVICE, INC.**



Principal Place of Business  
**5580 SAN GABRIEL WAY  
 ORLANDO, FL 32837**

Mailing Address  
**5580 SAN GABRIEL WAY  
 ORLANDO, FL 32837**

**50005712**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02202006 Chg-P CR2E034 (11/05)

City & State

City & State

Zip Country Zip Country

4. FEI Number  
**20-2717890**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ACOSTA, MARIELA  
 5580 SAN GABRIEL WAY  
 ORLANDO, FL 32837**


**7. Name and Address of New Registered Agent**

Name  
**Simon Lopez**

Street Address (P.O. Box Number is Not Acceptable)  
**5580 San Gabriel Way**

City  
**Orlando FL** Zip Code  
**32837**

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:  DATE: **02-20-2006.**

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE P	<input checked="" type="checkbox"/> Delete
NAME ACOSTA, MARIELA	
STREET ADDRESS 5580 SAN GABRIEL WAY	
CITY-ST-ZIP ORLANDO, FL 32837	
TITLE VP	<input type="checkbox"/> Delete
NAME SIMON, LOPEZ	
STREET ADDRESS 5580 SAN GABRIEL WAY	
CITY-ST-ZIP ORLANDO, FL 32837	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE Resident	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Lopez, Simon	
STREET ADDRESS 5580 San Gabriel Way	
CITY-ST-ZIP Orlando, FL 32837	
TITLE Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Franco Dalbon	
STREET ADDRESS 13207 Chattanooga Ln	
CITY-ST-ZIP Orlando, FL 32837	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 names empowered.

SIGNATURE:  DATE: **02-20-2006** DAYTIME PHONE: **4075099443.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR