

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90103 039 ***158.75

DOCUMENT # P05000065458		
1. Entity Name DYNAMIC ENTERPRISES GROUP, INC.		

Principal Place of Business 9555 NW 28TH STREET CORAL SPRINGS, FL 33065	Mailing Address 9555 NW 28TH STREET CORAL SPRINGS, FL 33065
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2. Principal Place of Business - No P.O. Box # 1203 ALEXANDER BND	3. Mailing Address 1203 ALEXANDER BND
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State WESTON, FL	City & State WESTON, FL
Zip 33327	Zip 33327
Country US	Country US

40101314



04272007 Chg-P CR2E034 (12/06)

4. FEI Number 20-2788435	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required ☐
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6. Name and Address of Current Registered Agent GALEANO, HANNEL 9555 NW 28TH ST POMPANO BEACH, FL 33065	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1203 ALEXANDER BND City WESTON FL Zip Code 33327	
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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 in block if applicable) (NOTE: If person's agent signature required select "agent") Date _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GALEANO, MANUEL 9555 NW 28TH STREET CORAL SPRINGS, FL 33065 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/D MANUEL GALEANO 1203 ALEXANDER BND WESTON, FL 33327 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SALINAS, LUZ ELVIRA 9555 NW 28TH STREET CORAL SPRINGS, FL 33065 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D LUZ ELVIRA SALINAS 1203 ALEXANDER BND WESTON, FL 33327 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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, 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 officers empowered.

SIGNATURE: Manuel Galeano **MANUEL GALEANO** 04/27/07 754-245-3134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date