

**-2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 09, 2007 8:00 am
Secretary of State

04-17-2007 90238 008 ***150.00

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1st MOORE CR2E034 (10/06)

DOCUMENT # P06000074534 1. Entity Name DYNAMIC TRANSPORT ENTERPRISES INC.					
Principal Place of Business 1730 SW PALERMO ROAD PORT ST LUCIE FL 34987			Mailing Address 1730 SW PALERMO ROAD PORT ST LUCIE FL 34987		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State FL 34987		3. Mailing Address 1730 SW Palermo Rd Port St Lucie FL 34987			
Zip Country		Zip Country		4. FEI Number 20-4960889	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent NUNEZ, GILBERTO 1730 SW PALERMO RD PORT ST LUCIE FL 34987			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 remaining) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NUNEZ, GILBERTO 1730 SW PALERMO RD PORT ST LUCIE FL 34987		☐ Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowered.					
SIGNATURE: <u><i>Gilberto Nunez</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>4/6/07</u> <u>(772) 216-0790</u> Date Daytime Phone #		