

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90055 032 ***150.00

DOCUMENT # P06000140288					
1. Entity Name DYNAMIC COMMUNITY MANAGEMENT SERVICES, INC.					
Principal Place of Business 12240 SW 53RD. ST., SUITE 501 COOPER CITY, FL 33330 US			Mailing Address P.O. BOX 824266 PEMBROKE PINES, FL 33082 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02142008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 20-5906595	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent YU, PETER CPA 2240 NW 129 TERRACE PEMBROKE PINES, FL 33028			7. Name and Address of New Registered Agent Name: <u>Foster, Cira R.</u> Street Address (P.O. Box Number is Not Acceptable): <u>12240 SW 53rd Street, Suite 501</u> City: <u>Cooper City</u> FL Zip Code: <u>33330</u>		
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: <u>2/14/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PRES NAME FOSTER, CIRA R STREET ADDRESS 5603 NORTH STATE RD 7 CITY-ST-ZIP FORT LAUDERDALE, FL 33319	<input type="checkbox"/> Delete		TITLE P NAME Foster, Cira R. STREET ADDRESS 12240 SW 53rd Street, Suite 501 CITY-ST-ZIP Cooper City, FL 33330	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TREA NAME NASIR, SHANEEZA A STREET ADDRESS 5603 NORTH STATE RD 7 CITY-ST-ZIP FORT LAUDERDALE, FL 33319	<input type="checkbox"/> Delete		TITLE T NAME Nasir, Shaneeza A. STREET ADDRESS 12240 SW 53rd Street, Suite 501 CITY-ST-ZIP Cooper City, FL 33330	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SECR NAME POSTMAN, MARIA L STREET ADDRESS 5603 NORTH STATE RD 7 CITY-ST-ZIP FORT LAUDERDALE, FL 33319	<input type="checkbox"/> Delete		TITLE S NAME Postman, Maria L. STREET ADDRESS 12240 SW 53rd Street, Suite 501 CITY-ST-ZIP Cooper City, FL 33330	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:			(954) 485-7022 2/14/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		