

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90350 042 ***150.00

DOCUMENT # P96000035443

1. Entity Name
RUBBER DYNAMICS, INCORPORATED



Principal Place of Business
**8265 NW 56 STREET
MIAMI, FL 33166 US**

Mailing Address
**8265 NW 56 STREET
MIAMI, FL 33166 US**

50040708



DO NOT WRITE IN THIS SPACE

04142005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0737843

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ARANGOV, SANTI
8265 NW 56 STREET
MIAMI, FL 33166**

**DO NOT WRITE
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 *Santi Arangov*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-14-05

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PV
NAME	ARANGOV, SANTI C.
STREET ADDRESS	8265 NW 56 STREET
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	VICE PRESIDENT
NAME	DAMIRO ALBAN
STREET ADDRESS	3730 NW 120 WAY
CITY-ST-ZIP	SUNRISE FL. 33323
TITLE	SECRETARY
NAME	ADRIAN ALVARADO
STREET ADDRESS	1588 NW 90 WAY
CITY-ST-ZIP	AMBRIDGE PINES FL. 33024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Santi Arangov*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-05 / 305 5948545

Date

Daytime Phone #