

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90294 016 \*\*\*150.00

DOCUMENT # P97000083057

1. Entity Name  
DYNASTIES, INC.



Principal Place of Business  
1071 NE 45 ST.  
OAKLAND PARK, FL 33334

Mailing Address  
1071 NE 45 ST.  
OAKLAND PARK, FL 33334

40070435



03062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0794325

Applied For  
Not Applicable

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

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

FRONS, ARIC  
2600 N FEDERAL HWY  
FORT LAUDERDALE, FL 33305  
1071 NE 45TH STREET  
OAKLAND PARK, FL 33334

**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

*Aric Fron* (PRES.)

(NOTE: Registered Agent signature required when reinstating)

4.18.06

DATE

**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
NAME	FRONS, ARIC
STREET ADDRESS	2600 N FEDERAL HWY 1071 NE 45TH STREET
CITY - ST - ZIP	FORT LAUDERDALE, FL 33305 OAKLAND PARK, FL 33334
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 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:

*Aric Fron* ARIC FRONS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.18.06 954.772.0055

Date

Daytime Phone #