

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P97000089915**

1. Entity Name  
**DYNAMIC AUTO, INC.**



Principal Place of Business  
**4453 TODD STREET  
LAKE WORTH, FL 33461 US**

Mailing Address  
**4453 TODD STREET  
LAKE WORTH, FL 33461 US**

**DO NOT WRITE IN THIS SPACE**

**FILED  
Apr 27, 2006 8:00 am  
Secretary of State**

04-27-2006 90185 026 \*\*\*150.00



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0797323</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**PIRES, EDUARDO  
4453 TODD STREET  
LAKE WORTH, FL 33461**

**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**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D PIRES, EDUARDO 4453 TODD STREET LAKE WORTH, FL 33461</b>
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 title empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06 511-915-0777  
Daytime Phone #