

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000058591

FILED  
Feb 12, 2004  
Secretary of State

Entity Name: DYNASTY OF INDIAN RIVER, INC.

## Current Principal Place of Business:

485 18TH STREET  
VERO BEACH, FL 32960

## New Principal Place of Business:

465 18TH STREET  
VERO BEACH, FL 32960

## Current Mailing Address:

485 18TH STREET  
VERO BEACH, FL 32960

## New Mailing Address:

9400 S.W. 103 STREET  
MIAMI, FL 33176

FEI Number: 65-0850455

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SOMAZA, JULIO  
9400 SW 103 ST  
MIAMI, FL 33176

## Name and Address of New Registered Agent:

SOMOZA, MYRNA  
9400 SW 103 STREET  
MIAMI, FL 33176

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.

SIGNATURE: MYRNA SOMOZA

02/12/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete  
Name: SOMOZA, JULIO  
Address: 9400 S.W. 103RD STREET  
City-St-Zip: MIAMI, FL 33176

Title: PS ( ) Delete  
Name: SOMOZA, MYRNA  
Address: 9400 S.W. 103RD STREET  
City-St-Zip: MIAMI, FL 33176

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition  
Name: SOMOZA, MYRNA  
Address: 9400 S.W. 103RD STREET  
City-St-Zip: MIAMI, FL 33176

Title: SC (X) Change ( ) Addition  
Name: SOMOZA, MYRNA  
Address: 9400 S.W. 103RD STREET  
City-St-Zip: MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MYRNA SOMOZA

PD

02/12/2004

Electronic Signature of Signing Officer or Director

Date