2002 UNIFORM BUSINESS REPORT (UBR)

May 13, 2002 8:00 am Secretary of State DOCUMENT # P98000097801 1. Entity Name DYNAMIC MANAGEMENT SERVICES, INC. 05-13-2002 90042 035 ***158.75 Principal Place of Business Mailing Address 3715 A NW 7TH STREET, STE. 588 3715 A NW 7TH STREET.STE.588 MIAMI FL 33126 MIAM! FL 33126 2. Principal Place of Business 3. Mailing Address 5207 NW 5207 NW 74 AVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State . 4. FEI Number Applied For FL MIAMI 65-0874776 Migmi FL Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33 166 33166 USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GONZALEZ, JORGE SONZAIL Z J0162 Street Address (P.O. Box Number is Not Acceptable) 3715 A NW 7TH STREET, STE. 588 MIAMI FL 33126 Zip Code 33 166 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. 2010L SIGNATURE GONZALEZ Signature, types (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE GONZALEZ, JORGE NAME STREET ADDRESS 3715 A NW 7TH STREET, STE. 588 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33126 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ° 🔲 ' Delete TITLE Change Addition: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP

SIGNATURE:

SIGNATURE AND TYPES OF FRUITED NAME OF SIGNING OFFICER OR DIRECTOR

JOSGE GONZALEZ - Pres

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

4-22-02

_ (305)3227190

Daytime Phone #

FILED