

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90205 038 \*\*\*150.00

DOCUMENT # **V21976**



1. Entity Name  
**ACHIEVEMENT DYNAMICS, INC.**

Principal Place of Business  
**4362 NORTHLAKE BLVD  
WEST PALM BEACH FL 33410**

Mailing Address  
**4362 N LAKE BLVD  
SUITE 101  
PALM BCH GARDENS FL 33410**



2. Principal Place of Business  
**4360 NORTHLAKE BLD**

3. Mailing Address  
**4360 NORTHLAKE BLD**

Suite, Apt. #, etc.  
**108**

Suite, Apt. #, etc.  
**108**

CHECK HERE IF MAKING CHANGES

City & State  
**PALM BEACH GARDENS, FL**

City & State  
**PALM BEACH GARDENS, FL**

4. FEI Number  
**65-0319237**

Applied For  
 Not Applicable

Zip  
**33410**

Country  
**PALM BEACH**

Zip  
**33410**

Country  
**PALM BEACH**

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

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

**7. Name and Address of New Registered Agent**

**CARLINO, ANGELO J.  
4362 NORTHLAKE BLVD  
STE 101  
PALM BEACH GARDENS FL 33410**

Name  
**ANGELO J. CARLINO**  
Street Address (P.O. Box Number is Not Acceptable)  
**4360 NORTHLAKE BLVD  
# 108**  
City **PALM BEACH GARDENS** **FL** Zip Code **33410**

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 *Diego Carlos*

DATE **1/27/03**

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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CARLINO, ANGELO J.</b>	
STREET ADDRESS	<b>4362 N LAKE BLVD STE 101</b>	
CITY-ST-ZIP	<b>PALM BCH GARDENS FL 33410</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CARLINO, DIANE</b>	
STREET ADDRESS	<b>4362 N LAKE BLVD STE 101</b>	
CITY-ST-ZIP	<b>PALM BCH GARDENS FL 33410</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>4360 NORTHLAKE BLVD, SUITE 108</b>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>4360 NORTHLAKE BLVD, SUITE 108</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Diego Carlos* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/27/03** DAYTIME PHONE # **(561) 676 0676**

DATE DAYTIME PHONE #

CR2E034 (10/02)