FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 27, 2002 8:00 am Secretary of State

1. Entity N	UMENT # P9800 WORK 911, INC.	∞84486		05-27-2002 90424 033 ***150.00			
	DO NOT WRIT	E IN THIS S	PACE				
2. Principa Suite, Ap	I Place of Business I + SE and Stree pt. #. etc.	3. Mailing Address 2 1 4 SE Suite, Apt. #, etc.	214 SE 2nd Street		DO NOT WRITE IN T	HIS SPACE	
Dania Beach, FL Dania Beach			h, FL		4. FEI Number Applied Fo US - 0805 20 Not Applied		
33004 Country SA Zip 3300			Country USA		Certificate of Status Desired	\$8.75 Additional Fee Required	
<u> 2:0</u>				7. Na	me and Address of Current Regist	ered Agent	
	DO NOT W				L. LIZana Jox Number is Not Acceptable)		
•		AOL	City	214 SE and Street			
9 The shou	re named entity submits this statement		1 1Da	<u>.n.a</u>	15each	L Zip Code 33 00 4	
SIGNATURE	coration is eligible to satisfy its Intangible requirement and elects to do so.	nt and stee if applicable. HINO	HE: Registered Agent signature re Way 1 Fee Is \$150.00 71, Fee Is \$550.00		4-25	5-02-	
(See crite	oria on back) OFFICERS AND	Amende Make Check Paya	d UBR is \$61.25 ble to Department of	State	Trust Fund Contribution.	\$5.00 May Be Added to Fees	
TITLE NAME STREET ADORESS CITY-ST-ZIP	PRESIDENT AVAINA NATIONAL MARIE AND AVAINA	JULY MORPH	THILE NAME STREET ADDRESS CITY-ST-ZIP	<u></u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Bob L. Lizana 214 SE 2nd Stree Dania Beach, Fl 3	t 3004	. TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP				
 I hereby c indicated of the corp attachmen 	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp at with an address, with all other like or	this filing does not qualify for true and accurate and that m owered to execute this report poweror.	the exemption stated in y signature shall have th as required by Chapter	Section 11 e same lec 607, Floric	9.07(3)(i), Florida Statutes, I further ci pal effect as if made under oath; that la Statutes: and that my name appez	ertify that the information am an officer or director ars in Block 11 or on an	

200		Attachment						
DOCC 1 Fritzia	MENT # P98000							
MILLWO	DRK 911, INC.							
Preside Pa	ce or Business							
1089 SE 6TH AVE DANIA BCH FL 33004		1089 SE 6TH AVE DAMA BCH FL 33004		, in the second				
2. Protiga Pace of Business 214 SE 2nd Street Sure Act = etc		3. Mailing Address 214 SE 2nol Street Suite, Apt. #. etc.		DO NOT WRITE IN THIS SPACE				
2 tv \$ 5ta	:0	_ City & State				M THIS SPACE		
<u>Dania F</u>		Dania Beach,	FL		4. FEI Number 65-0865261		Approximation Not exported as	
<u>23004</u>	Country	33004	Country しらん	3	5. Certificate of Status Desired		Additional	
	6. Name and Address of Current	Registered Agent	Nan	200	7. Name and Address of New Regi			
	NA, KATHERINE M			<u> 1506</u>		· · · · · · · · · · ·		
1089 SE 6TH AVE Dania BCH FL 33004				Street Address (P.O. Box Number is Not Acceptable)				
DANIA DON PE 33004				214 SE \$ 2nd Street				
	ramed entity submits this statement for		City	Dan	ia Beach	FL 33	4004	
9. This Spring	Farther invoed or printed name of registered agent at the action is eligible to satisfy its Intangible equirement and elects to do so a on back)		Pegistered Agent s	97811/F0 Tequired (when reinstaing) 10. Election Campaign Finance	^{©±1} 1	.00 Ma./ 84	
11,	OFFICERS AND C		12.	o contraction	ADDITIONS/CHANGES TO OFFICER			
note nove street accress to his or pe	P Lizana, Katherine M 1089 Se 6th Ave Dania BCH Fl 33004	Detete	TITLE NAME STREET ADDRE CHY-ST-ZIP	T301 SS 214	ESIDENT 5 L. Lizana 5E 2nd street Beach, FL. 33004	** **********************************	<u></u>	
17.5 NAME STREET ASTRESS STREET ASTRESS STREET, STREET	-	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP		13504	□ Dep		
nemi Nemi Ereter er Jeess Ereter er Jeess		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	55	· •	Corp		
11.8 NAME SIREET 400RESS OTH 45140R		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss		<u>= 14.8</u>		
NAME STREET 400PESS CITY-ST-ZIF		□ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s		T the		
TOLE NAME STREET ADDRESS DITM ST. 200	erity that the information supplied with th	☐ Celeta	TITLE NAME STREET ADDRES CITY-ST-ZIF			<u> </u>		

ndicated 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 of the corporation or the receiver or trustee empowered to execute this report as required to Chapter 607. Florida Statutes, and that my name appears to chapter on an attachment with a address, with all other like empowered.

SIGNATURE:

GNATI" .E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 920-2355