# above, or on an attachment with all other like empowered.

#### SIGNATURE: SCOTT PROSAN

Electronic Signature of Signing Officer/Director Detail

<u>2013</u>	<b>FLORIDA PROFIT</b>	CORPORATION	ANNUAL REPORT

#### DOCUMENT# P07000055823

Entity Name: ABILITY WORKS, INC.

#### **Current Principal Place of Business:**

6535 NOVA DR. #106 DAVIE, FL 33317

#### **Current Mailing Address:**

6535 NOVA DR. #106 DAVIE, FL 33317 US

## FEI Number: 26-0142161

### Name and Address of Current Registered Agent:

COLODNY, MIKE 100 SOUTHEAST THIRD AVENUE 23RD FLOOR FT. LAUDERDALE, FL 33394 US

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	IGNATURE: MIKE COLODNY			03/19/2013		
	Electronic Signature of Registered Agent			Date		
Officer/Director Detail :						
Title	PRES	Title	VP			
Name	ABILITY WORKS LLC	Name	WANICKA, MARK			
Address	6535 NOVA DR. #106	Address	6535 NOVA DR. #106			
City-State-Zip:	DAVIE FL 33317	City-State-Zip:	DAVIE FL 33317			
Title	TREASURER, SECRETARY					
Name	PROSAN, SCOTT					
Address	6535 NOVA DR. #106					
City-State-Zip:	DAVIE FL 33317					

Certificate of Status Desired: No

I hereby 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

T, S

#### FILED Mar 19, 2013 Secretary of State CC2270539101

03/19/2013 Date