2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F01000006270

1. Entity Name

1209

WORKSWORLDWIDE INC.

Frincipal Place of Business
701 SOUTHWEST 27TH AVENUE

MIAMI, FL 33135



701 SOUTHWEST 27TH AVENUE 1209

MIAMI, FL 33135

FILED Feb 20, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

02162006 Na Chg-P CR2E034 (11/05)

4. FEI Number 11-3433064 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

WORKS, CLINT R 2451 BRICKELL AVE 4D MIAMI, FL 33129

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plons of registered agent.	urpose of changing its regis	tered office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	o spating travels, worked name of expert education and the d	appierer. (eidle, wg.,	ic i dingent egnetire	न्त्रत्कारचा अन्तर क क प्रश्चामकुर	. vals
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Fit Trust Fund Contribute		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	I		
TITLE FAME SHIRET ADDRESS CITY ST ZII'	P WORKS, CLINT 2451 BRICKELL AVE MIAMI. FL 33129				Unnnn0442232 H3/04/06-80013-004 150.60
TITLE NAME STREET ADDRESS CITY ST ZIP	MAIDBREY, JESSE				
THE NAME STREET ADDRESS CITY ST ZIP				DO	NOT WRITE
MAME STREET ADDRESS BITY ST ZIP				IN '	THIS SPACE

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 trusted empowered to recute 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 fully like empowered.

SIGN	ATU	IRE:
------	------------	------

TITLE

SAME

SHEET ADDRESS
CITY ST ZIP

THLE

SAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/06 (305)642-4833