2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000003860

1. Entity Name
MEN @ WORK SERVICES, INC.

Principal Place of Business	Mailing Address
314 PENNSYLVANIA AVE CRYSTAL BEACH, FL 34681	687 ALDERMAN ROAD, #210 PALM HARBOR, FL 34683

DO NOT WRITE IN THIS SPACE

04212008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-2955526	Not Applicable

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

6. Name and Address of Current Registered Agent

FIGUEIRA, MICHELLE
314 PENNSYLVANIA AVE
CRYSTAL BEACH, FL 34681

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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 _Michelle Figueira_

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)

DATE 04·21·08

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS

U000000827022
05/20/08-80090-006 150.00

TITLE	CP
NAME	FIGUEIRA, PETER
STREET ADDRESS	314 PENNSYLVANIA AVE
CITY-ST-ZIP	CRYSTAL BEACH, FL 34681
TITLE	ST
NAME	FIGUEIRA, MICHELLE
STREET ADDRESS	314 PENNYSLVANIA AVE
CITY-ST-ZIP	CRYSTAL BEACH, FL 34681
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby 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 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: _Michelle Figueira_   04·21·08   727 934-0348

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #