


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90012 009 ****50.00

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| DOCUMENT # L03000011297 | | | |  | |
| 1. Entity Name WORK LEADER, L.L.C. | | | | | |
| Principal Place of Business TURNBERRY PLAZA, STE. 400A 2875 N.E. 191ST ST. AVENTURA, FL 33180 | | | Mailing Address TURNBERRY PLAZA, STE. 400A 2875 N.E. 191ST ST. AVENTURA, FL 33180 | | |
| 2. Principal Place of Business 2875 NE 191st #400A | | 3. Mailing Address 2875 NE 191st. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. #400A | | | |
| City, State MIAMI, FL | | City & State AVENTURA, FL | | 4. FEI Number 04-3750004 | |
| Zip 33180 | | Country DAVE | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent SERBER, DANIEL J ESQ TURNBERRY PLAZA, STE. 801 2875 N.E. 191ST ST. AVENTURA, FL 33180 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ DATE 4/26/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| | | | MGR RICARDO DJMAL 3150 NE 212 ST AVENTURA FL. 33180 | | |
| | | | MGR RICARDO WEINSTEIN 3165 NE 212 ST AVENTURA FL. 33180 | | |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | Date 4/26/04 Daytime Phone # 305-935-6955 | | |