

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079418

Entity Name: WORKING POINT LLC

FILED
May 01, 2005
Secretary of State

Current Principal Place of Business:

16783 HEMINGWAY DR.
WESTON, FL 333263108

New Principal Place of Business:

3401 N. COUNTRY CLUB DR.
UNIT 606
MIAMI, FL 33180

Current Mailing Address:

16783 HEMINGWAY DR.
WESTON, FL 333263108

New Mailing Address:

3401 N. COUNTRY CLUB DR.
UNIT 606
MIAMI, FL 33180

FEI Number: 57-1214469 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DEATO, FROILAN
16783 HEMINGWAY DR.
WESTON, FL 333263108 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: DEATO, FROILAN
Address: 16783 HEMINGWAY DR.
City-St-Zip: WESTON, FL 333263108

Title: MGRM () Delete
Name: NGUYEN, MYLIEU
Address: 3410 N COUNTRY CLUB DR
City-St-Zip: MIAMI, FL 33180

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: NGUYEN, MYLIEU
Address: 3401 N COUNTRY CLUB DR UNIT 606
City-St-Zip: MIAMI, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MYLIEU NGUYEN

MGRM

05/01/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date