


2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L07000019588		
1. Entity Name MIND WORKS, LLC		

Principal Place of Business 7250 SW 57 AVE. SOUTH MIAMI, FL 33143	Mailing Address 7250 SW 57 AVE. SOUTH MIAMI, FL 33143
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

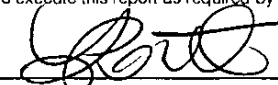
6. Name and Address of Current Registered Agent CLAVELL, LISETTE A 7250 SW 57 AVE. SOUTH MIAMI, FL 33143	
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7. Name and Address of New Registered Agent Name CITARELLA-POLIT, LILLIAN I. Street Address (P.O. Box Number is Not Acceptable) 7250 SW 57 AVE City South Miami FL FL Zip Code 33143	
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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  LILLIAN POLIT 8-1-08 (NOTE: Registered Agent signature required when reinstating.) DATE	
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Amended AR is \$50.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE P NAME CLAVELL, LISETTE A STREET ADDRESS 7250 SW 57 AVE. CITY-ST-ZIP SOUTH MIAMI, FL 33143	<input checked="" type="checkbox"/> Delete	TITLE T NAME Clavell, Carlos STREET ADDRESS 7250 SW 57 AVE CITY-ST-ZIP 33143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE T NAME CITARELLA-POLIT, LILLIAN I STREET ADDRESS 7250 SW 57 AVE. CITY-ST-ZIP SOUTH MIAMI, FL 33143	<input type="checkbox"/> Delete	TITLE PRESIDENT NAME CITARELLA-POLIT, LILLIAN I STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME REVILLA-BARRIENTOS, TANIA STREET ADDRESS 7250 SW 57 AVE. CITY-ST-ZIP SOUTH MIAMI, FL 33143	<input checked="" type="checkbox"/> Delete	TITLE VP NAME BARRIENTOS, SERGIO STREET ADDRESS 7250 SW 57 AVE CITY-ST-ZIP 33143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 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: Lillian Polit  8-1-08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE DATE Daytime Phone #	

FILED

08 AUG -6 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08012008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8584188	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
