

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90249 019 \*\*\*150.00

60034882



04292006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # M28922</b>	
1. Entity Name ADWORKS, INC.	

Principal Place of Business 11300 SW 93 STREET MIAMI, FL 33176 US	Mailing Address 11300 SW 93 STREET MIAMI, FL 33176 US
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2. Principal Place of Business 10504 SW 115 COURT Suite, Apt. #, etc.	3. Mailing Address 10504 SW 115 COURT Suite, Apt. #, etc.
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City & State MIAMI, FL	City & State MIAMI, FL
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Zip 33176	Country U.S.A.	Zip 33176	Country U.S.A.
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6. Name and Address of Current Registered Agent  ASPILLAGA, CARLOS 11300 SW 93 STREET MIAMI, FL 33176		7. Name and Address of New Registered Agent Name CARLOS ASPILLAGA Street Address (P.O. Box Number is Not Acceptable) 10504 SW 115 COURT City MIAMI FL Zip Code 33176	
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ASPILLAGA, MARGARITA 11300 SW 93 STREET MIAMI, FL 33176 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ASPILLAGA, CARLOS G 11300 SW 93 STREET MIAMI, FL 33176 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ASPILLAGA, MARGARITA 10504 SW 115 COURT MIAMI, FL 33176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ASPILLAGA, CARLOS G. 10504 SW 115 COURT MIAMI, FL 33176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/2006 (305)274-1919

Date

Daytime Phone #