2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCU 1. Entity Nan TWO HA	ne	# P0100 KING GIRLS, INC.	00041133	FILED 03 OCT -2 AM 8: 54				
Principal Plac 8370 SW 8 S MIAMI FL 331	STREET	s	Mailing Address 8370 SW 8 STREET MIAMI FL 33144			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal Place of Business 3. Mailing Address					· · · · · · · · · · · · · · · · · · ·	- I TORNADOL UN ORDEN LIBEN DESIN BONN BRINL BRINL BIRND STREET LIBER TRUB (1787)	1941	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		·	☐ CHECK HERE IF MAKING CHANGES		
City & State			City & State			4. FEI Number 65-1097752 Applied Fo		
Zip		Country	Zip	Coun	try	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required		
	6. Name	and Address of Curren	Registered Agent	<u> </u>		7. Name and Address of New Registered Agent		
TORRES, DIGNA S 8370 SW 8 STREET MIAMI FL 33144 Name VORMA E ABAC Street Address (P.O. Box Number is Not Acceptable) 8377 Sev 8 Occur City Mami								
the obligat SIGNATURE . F After Se	Signature, typed		and title if applicable. (NOT)		ed office or register	ired when reinstating) DATE 9. Election Campaign Financing Trust Fund Contribution. Added to Fees	Be	
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	{	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	235 NE 1	Digna Silva 21 Terrace IIAMI FL 33165	5 Delete	TITLE NAM STRE	- 1/10.	ESICENT: ABACI. Change Add DEMA E ABACI. 370 SW8 DILLET YIAMI FI. 33144	dition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	537 E 36	EZ, RAFAEL STREET FL 33013	SA Delete		}	☐ Change ☐ Ade	dition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		Delete .		, -	□ Change □ Add 200023516722 10/02/0301073011 **150.00	dition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		I	☐ Change ☐ Ado	noitit	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		í	☐ Change ☐ Ado	dition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		j	☐ Change ☐ Add	noitit	
indicated	on this repor	t or supplemental report is	s true and accurate and that m	nv signat	ure shall have the :	Section 119.07(3)(i), Florida Statutes, I further certify that the informatic e same legal effect as if made under oath; that I am an officer or direct 07, Florida Statutes; and that my name appears in Block 10 or Block 1	tor 1	

TWO HARD WORKING GIRLS, INC. 8370 SW 8TH STREET MIAMI, FL 33144

September 23, 2003

Florida Department of State Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

Re: TWO HARD WORKING GIRLS, INC. P 01000041133

Gentlemen:

As per your instruction we hereby request the abatement of the penalty for the annual report of this corporation due to an error from the original owner. She mailed the check for \$150.00 to the Internal Revenue Service instead to the Department of State. As you can see I took over on June 2003 as a new owner and was not aware of this situation until we received the letter from the Internal Revenue Service that they have no idea what the \$150 check was for and you notifying me of this situation.

Please find enclose a new check made out to you and ask you to please correct my records.

Sincerely yours,

Norma E. Abad, President

Department of the Treasury Internal Revenue Service

Date of this Letter:

7-2-03

If you inquire about your account, please refer to this number or attach this letter. Document Locator Number: 07009-127-50015-3

TWO HARDWSORKING GIRLS INC

8370 SW 8TH ST MIAMI, FL 33144

Dear Taxpayer:

Thank you for your payment, identified below. However, we need additional information to credit it properly.

Please fill out the parts on the back of this letter that apply to you and return it to us. If the payment was for a bill you received from us, please send us a copy of the bill. Please let us hear from you within 10 days from the date of this letter so we will be able to properly credit your account.

If you have any questions about this letter, please write to us at the address shown on this letter. If you prefer you may call our Customer Service area at 1-800-829-0922.

When you send the information we requested or if you write to us with questions about this letter, please provide your telephone number and the most convenient time for us to call so we can contact you if we need additional information. Please attach this letter to any correspondence to help us identify your case. Keep the copy for your records.

Tend Markey elicaryon = - -

Thank you for your cooperation.

Callege Matchese
770 453 2242

Sincerely yours,

6,00 7,30pm

the country of the Chief; Taxpayer Assistance Section

Enclosures: Copy of this letter Envelope

TWO HARD WORKING GIRLS, INC. (305) 263-9079 8370 S.W. 8TH ST.

04-30-2003

VC. 05-0

1278

PAY United States Treasury

DATE 04-23-03

63-4/630 FL

one Hundred and fill

J\$ 150°°

- V (+ 1.9

-DOLLARS A

Bank of America.

10012781 1:06300001 21 222 Digna (ilva Vone

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # POICOCO 1. Entity Name The Hard Working G										
DO NOT WRITE										
2. Puncipal Place of Business Office	3. Mailing Address 3370 Sw3		*							
Sinie Apt. #, etc. HIAMI FI 33144	DO NOT WRITE IN THIS SPACE									
City & State 1/19/01	City & State	K/	4. FEI Number 65-109 7752	Applied For Not Applicable						
33144 Country 45A.	Zio Country		5. Certificate of Status Desired \$8.75 Additional Fee Required							
DO NOT W IN THIS SP		Street Address (7. Name and Address of Current Registered Agent ICHA F A.DAC-I. (P.O. Box Manning is Not Acceptable) FL Zin Code 2019/14							
8. The above named antity submits this statement for the obligations of registered agent. SIGNATURE Particle type of prefed name of registered agent and the statement of the prefed name of registered agent and the statement of the statement of the obligation of the statement of the obligations of the statement of the obligations of the obligation of	nict little of consideration. (high E	egistered office or register								
10. OFFICERS AND I BILE LAMAL STRIED ADDRESS 235 NE DI JENNE CHY ST-ZIP HALE HALE STRIET ADDRESS DILY-ST-ZIP DILY-ST-ZI	JUA Delete	THE NAME STREET ADDRESS CITY-ST-ZIP THUE NAME STREET ADDRESS CITY-ST-ZIP	adut Abad CHA E Abad OD SW3 Duel (AM) 1 F13344	<i>I</i> III						
TITLE TAME STRUCT ADDRESS CITY ST. 709 TITLE NAME STREET ADDRESS		THE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS	DO NOT WE							
CHY-ST-ZIP ITILE INALIF STIMEL ADDRICSS CHY-ST-ZIP ITILE INALIF INALIF STRIFF ADDRIPSS		CITY-ST-ZIP TITLE NAME: STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS								
12. Thereby 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 or supplied ional 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 of trustee empowered to exact this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or on an attractment with an address with all other like empowered. SIGNATURE: SIGNATURE Deviation 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or on an attractment with an address with all other like empowered. SIGNATURE: Deviation 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or on an attractment with an address with all other like empowered.										