


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000077812 1. Entity Name SITWORKS, INC.	
--	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2534 N. Miami Avenue	3. Mailing Address P.O. Box 331238
Suite, Apt. #, etc. Suite 2 B	Suite, Apt. #, etc.

City & State Miami, Florida	City & State Miami, Florida
Zip 33127	Country
Zip 33133	Country

FILED
03 OCT 21 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400024221664
10/29/03--01006--025 **150.00
DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2590047	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name SPIEGEL & UTRERA, P.A.	
Street Address (P.O. Box Number is Not Acceptable) 1840 SE 22nd Street	
City Miami	Zip Code FL 33145

8. The above named entity submits this statement for the purpose of obtaining its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

By: **Natalia Utrera - Vice President**

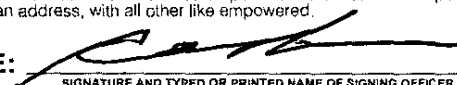
SIGNATURE  DATE **10/29/03**

(NOTE: Registered Agent signature required when reinstating)

January - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD CARL M. NURSE 5101 Collins Ave., Miami, FL 33141	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **CARL M. NURSE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/29/03** Daytime Phone #

CR2E034B (12/02)

JH

