2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 01, 2008 08:00 Al Secretary of State

ANNUAL REPORT				ren 01, 2000 00.0			
1. Entity Nam	MENT # P010001029 ood work, INC.	941				Secreta	ry of St
Principal Plac 13770 SW 2 MIAMI, FL 3	5 TERR	Mailing Address 13770 SW 25 TERR MIAMI, FL 33175		 - - 	16184 WEW 851W 85WW 65W	ON NEW MENT BY A STATE OF THE RESTORMER	ICER MUITEL MINEN
,			Υ.,				
	O NOT WRITE	IN THIS SPA	CE	01232008 4. FEI Number 65-1147 5. Certificate of		CR2E034 (11	Applied For Not Applicable Additional
	6. Name and Address of Current R	egistered Agent	-				,
GOMEZ, J 13770 SW MIAMI, FL	25 TERR				NOT W 'HIS SF	•	
the obligat	named entity submits this statement for lons of registered agent. Signature, typed or profiled name of registered agent and E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	d title il applicable (NOTE: Register 9. Election Campaign Fina	red Agent signature required		n, in the State of Flo	orida. I am familiar	with, and accept
10.	OFFICERS AND D	IRECTORS	.				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD GOMEZ, JAIME 13770 SW 25 TERR MIAMI, FL 33175				U0000 02:/08/08	0809960 -80044-013	3 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
NAME STREET ADDRESS CITY-ST-ZIP					NOT W		
NAME STREET ADDRESS CITY-ST-ZIP				IN 1	THIS SF	PACE	·
NAME STREET ADDRESS CITY-ST-ZIP					· · · · · · · · · · · · · · · · · · ·		
TITLE NAME							* * * * * * * * * * * * * * * * * * *

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 reverser 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 appress, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

INAL THE AND TOPED OR PRINTED NAME OF SIGNING OFFICER ORDIRECTO

123/08

5)267-1092