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May 05, 2004 8:00 am
Secretary of State
05-05-2004 90230 048 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000006796

1. Entity Name
OUR WORKSHOP SYSTEM, INC.

24070453

Principal Place of Business	Mailing Address
2371 W. 80 ST BAY #8 HIALEAH, FL 33016	~~7900 WEST 25 AVE~~ 2371 W. 80 St. ~~HIALEAH, FL 33016~~ Bay 8 Hialeah, Fl. 33016

04302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-0050750
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BOSSHAMMER, KLAUS
~~7900 WEST 25 AVE~~
~~HIALEAH, FL 33016~~
2371 W. 80 St. Bay 8
Hialeah, Fla. 33016

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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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BOSSHAMMER, KLAUS
STREET ADDRESS	2494 CENTERGATE DR #203
CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	TD
NAME	BOSSHAMMER, MARILOU M
STREET ADDRESS	2494 CENTERGATE DR #203
CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	VD
NAME	MATIAS, RAYMOND
STREET ADDRESS	7360 W 20TH AVE #133
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	SD
NAME	VU, LEONILA M
STREET ADDRESS	19456 NW 62 AVE
CITY-ST-ZIP	HIALEAH, FL 33015
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Leonila M. Vu 4/30/04 (305)557-2333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #