

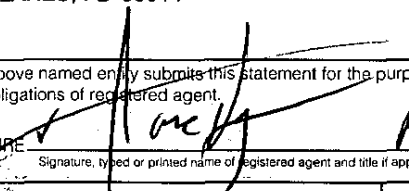
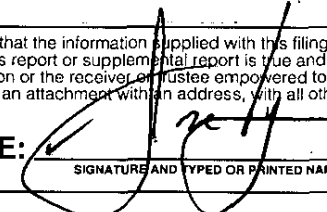


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90231 006 ***150.00

DOCUMENT # P02000060471 1. Entity Name TEAMWORK DOES IT INC.					
Principal Place of Business 16135 NW 64 AVENUE #223 MIAMI LAKES, FL 33014			Mailing Address 1212 SW 2 STREET MIAMI, FL 33135		
2. Principal Place of Business 3492 W. 84th #110 Suite, Apt. #, etc. Hialeah Florida City & State		3. Mailing Address Suite, Apt. #, etc. City & State			
Zip 33018		Country Miami Dade		4. FEI Number 75-3063337	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04122004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent QUINTANA, ANDREW 16135 NW 64 AVE. #223 MIAMI LAKES, FL 33014			7. Name and Address of New Registered Agent Name Jose Vega Street Address (P.O. Box Number is Not Acceptable) 3492 W 84th City Hialeah FL 33018		
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  President Jose Vega 4/10/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.		
TITLE P <input checked="" type="checkbox"/> Delete NAME QUINTANA, ANDREW STREET ADDRESS 16135 NW 64 AVE #223 CITY-ST-ZIP MIAMI LAKES, FL 33014	TITLE President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Jose Vega STREET ADDRESS 3492 W 84th. CITY-ST-ZIP Hialeah FL 33018				
TITLE V <input checked="" type="checkbox"/> Delete NAME HERNANDEZ, GABRIEL STREET ADDRESS 8411 NW 8 STREET, #307 CITY-ST-ZIP MIAMI, FL 33126	TITLE Vice President/Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Cynthia T. Vega STREET ADDRESS 3492 W 84th. CITY-ST-ZIP Hialeah FL 33018				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  President Jose Vega 4/10/04 305.362.1010 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					