

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000061604

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** WORK SMART WITH ERGONOMICS, INC.

**Current Principal Place of Business:**

18125 NW 18 AVE  
MIAMI, FL 33056

**New Principal Place of Business:**

1255 SW 101 TERRACE  
306  
PEMBROKE PINES, FL 33025

**Current Mailing Address:**

PO BOX 693021  
MAIMI, FL 33269

**New Mailing Address:**

**FEI Number:** 02-0630251

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BYRD, KENYATHA  
18125 NW 18TH  
MIAMI, FL 33056 US

**Name and Address of New Registered Agent:**

BYRD, KENYATHA  
1255 SW 101 TERRACE  
PEMBROKE PINES, FL 33025 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

04/29/2012

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BYRD- RICHARDSON, KENYATHA  
Address: PO BOX 693021  
City-St-Zip: MIAMI, FL 33269

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KENYATHA RICHARDSON

PRES

04/29/2012

Electronic Signature of Signing Officer or Director

Date