



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000135087		
1. Entity Name COMPANY @ WORK HOLDING GROUP, INC.		

FILED

04 JUL 23 AM 8:51

Principal Place of Business <del>7300 N. KENDALL DR., SUITE 540</del> <del>MIAMI, FL 33156</del>	Mailing Address <del>7300 N. KENDALL DR., SUITE 540</del> <del>MIAMI, FL 33156</del>
--	--

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2-3-04 90024 016 \$150.00  


2. Principal Place of Business 9737 N.W. 41 ST. Suite, Apt. #, etc. # 351 City & State MIAMI, FL Zip 33178 Country U.S.A.	3. Mailing Address 9737 N.W. 41 ST. Suite, Apt. #, etc. # 351 City & State MIAMI, FL Zip 33178 Country U.S.A.
--	--

06142004 Chg-P CR2E034 (10/03)

4. FEI Number 56-2330168 -APPLIED FOR	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <del>DEL RIEGO, EDUARDO</del> <del>3351 SW 110TH CT.</del> <del>MIAMI, FL 33165</del>	
--	--

7. Name and Address of New Registered Agent Name ADRIAN REINDERS Street Address (P.O. Box Number is Not Acceptable) 5200 N.W. 33 STREET # 201 City FT. LAUDERDALE FL Zip Code 33309	
--	--

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 	DATE 12/31/2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	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	PD DEL RIEGO, EDUARDO 3351 SW 110TH CT. MIAMI, FL 33165 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REINDERS, ADRIAN 5200 N.W. 33 AVENUE, SUITE 201 FT. LAUDERDALE, FL 33309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY + DIRECTOR REINDERS, ROELAND 81 SULLIVAN AVENUE NEW YORK, N.Y. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MORAL, NERY DA ONE BRAD STREET BLAUNFELD, N.J. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600039790146 08/02/04--01068--010 **8.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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	DATE 12/31/2003	DAYTIME PHONE 954-735-7000
--	-----------	-----------------	----------------------------