

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000070626

FILED
May 24, 2007
Secretary of State

Entity Name: WORK 4 U CORP.

Current Principal Place of Business:

1109 SW 122ND AVE
PEMBROKE PINES, FL 33025

New Principal Place of Business:

301 SW 120ND AVE
PEMBROKE PINES, FL 33025

Current Mailing Address:

1109 SW 122ND AVE
PEMBROKE PINES, FL 33025

New Mailing Address:

301 SW 120ND AVE
PEMBROKE PINES, FL 33025

FEI Number: 11-3695889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLATA, LUIS M
1050 SEVILLA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

PLATA, LUIS M
301 SW 120ND AVE
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: _____

05/24/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PLATA, LUIS M
Address: 1050 SEVILLA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: VD () Delete
Name: GIL, GLADYS MARCELA
Address: 1050 SEVILLA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PLATA, LUIS M
Address: 301 SW 120ND AVE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: VD (X) Change () Addition
Name: GIL, GLADYS MARCELA
Address: 301 SW 120ND AVE
City-St-Zip: PEMBROKE PINES, FL 33025

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LUIS M. PLATA

PD

05/24/2007

Electronic Signature of Signing Officer or Director

Date