2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000132729

1. Entity Name
WORK4U ENTERPRISE, INC.

40011203

Principal Place of Business	Mailing Address
8630 NW 29TH ST	8630 NW 29TH ST
SUNRISE, FL 33322 US	SUNRISE, FL 33322 US

DO NOT WRITE IN THIS SPACE

01262005 No Chg-P CR2E034 (10/03)
20 041~~5978~~

4. FEI Number ~~NOT APPLICABLE~~	Applied For
	Not Applicable

5. Certificate of Status Desired $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARKOWITZ, IRA F
9900 WEST SAMPLE ROAD
SUITE 300
CORAL SPRINGS, FL 33065

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IN THIS SPACE**

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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SILVA, MIGUEL G
STREET ADDRESS	8630 NW 29TH ST
CITY-ST-ZIP	SUNRISE, FL 33322
TITLE	VP
NAME	SILVA, CASSIA P
STREET ADDRESS	8630 NW 29TH ST
CITY-ST-ZIP	SUNRISE, FL 33322
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: _Miguel S. Silva_ MIGUEL G. SILVA 01/29/05 954-292-1661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #