

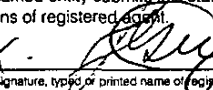
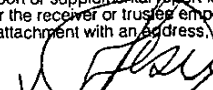


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Apr 28, 2005 8:00 am
Secretary of State

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DOCUMENT # P03000136490				Secretary of State	
1. Entity Name BEST WORK SERVICES, INC.				04-28-2005 90156 006 ***150.00	
Principal Place of Business 1001 BANK ROAD MARGATE, FL 33063 US		Mailing Address 1001 BANK ROAD MARGATE, FL 33063 US			
2. Principal Place of Business 320 NE 30 Court		3. Mailing Address ← same			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03262005 Chg-P CR2E034 (10/03)	
City & State Pompano Bch		City & State		4. FEI Number 20-0414614	
Zip 33064		Country U.S.		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DE JESUS, FERNANDO C 1001 BANK ROAD MARGATE, FLORIDA, FL 33063			7. Name and Address of New Registered Agent Name De Jesus Fernando Street Address (P.O. Box Number is Not Acceptable) 320 NE 30 Court City Pompano Bch FL Zip Code 33064		
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  (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
PVP DE JESUS, FERNANDO C 1001 BANK ROAD MARGATE, FL 33063					
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					