## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 11, 2005 8:00 am Secretary of State

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Source   S	1. Entity Nam		)5043		04	I-18-2005 90557 0	11 ***150
Asing Address   Jack   Proceedings   Jack   Process   Jack   Jack   Process   Jack	JASK WC	DODWORKING, INC.					
Suite, Apr. 4, etc.  Suite, Ap	1304 CITRUS	S ISLE	1304 CITRUS ISLE	33312		16620	
City & State  City & State  Country  Country  Country  Country  Country  Country  Country  Country  Country  S. Certificate of Status Desired  S. R75 Addition Fee Regular Fee		Place of Business NW 14 AV	3. Mailing Address				
Section of Status Desired	Suite, Apt.	#, etc.	Suits, Apt. #, etc.		04132005 Chg-P	CR2E034 (10/0	)3)
20 Country S. Certificate of Status Desired   \$8.75 Addition   \$8.75 Addit	Pomi	Jano Beach	City & State		4. FEI Number 20~138	35134	Applied For Not Applicable
MARSHALL, M. KEITH 18305 BISCANNE BLVD SUITE 300  AVENTURA, FL 33160  City  FL Zip Code  City  FL Zip Code  City  FL Zip Code  The obove named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and the oxigations of registered agent.  SIGNATURE  Signature have or project name almost and seat spaketable.  OPTIC Rescribed Agent spraker incomed when resultance)  ARROT May 1, 2005 Fee will be \$550.00  Thus Fund Contribution.  Detect  ARROT May 1, 2005 Fee will be \$550.00  ARROT May 1, 2005 Fee will		69 Browerd		Country		Fee Requ	Additional uired
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)			int Registered Agent	Name —	7. Name and Address of	New Registered Agent	
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 Fiorida. I am familiar with, and the octigations of registered agent.  SIGNATURE  SIGN	18305 BIS	CAYNE BLVD SUITE 300		Street Addres	is (P.O. Box Number is Not Acc	eptable)	
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 the octigations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  FILE NOWIII FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  SIGNATURE  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THAT SIGNATURE AGENTS SIGNATURE				City		E1 Zip (	ode
SIGNATURE  Signatus, hower or prival name of ingressed agent and like of applicable.  PILE NOWILL FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  Size and the standard of the standard	8. The above	named entity submits this statemen	t for the purpose of changing its	registered office or regis	itered agent, or both, in the Sta		ith, and accept
TITLE   D   Delete		E NOW!!! FEE IS \$150.00	9. Election Campa	ign Financing \$	5.00 May Be	DATE	
ANNE STREET ADDRESS  TITLE  TITLE  TITLE  TO CHange  TO CHAN				<del></del>	ADDITIONS/CHANGES 1		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	name Street address	ZOLOTOV. JAN 1304 CITRUS ISLE	L. Odda	NAME Street adoress		Chang	ge 🗍 Addition
NAME SIRET ADDRESS CITY-ST-2P  TITLE NAME SIRET ADDRESS CITY-ST-2P  Change Change SIRET ADDRESS CITY-ST-2P  Change Change SIRET ADDRESS CITY-ST-2P  Change Change SIRET ADDRESS CITY-ST-2P	name Street address	ZOLOTOV, SUZY 1304 CITRUS ISLE	<b>□</b> 0ees	HAME STREET ADDRESS		☐ Chang	a Addition
NAME SIREE ADDRESS CITY-ST-ZP CIT	NAME STREET ADORESS		C) Delete	- NAME Street address	-	☐ Chang	e Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby ceruly that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further ceruly that the information does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further ceruly that the information of the 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 divided on this report or trustee empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other like empowered.	NAME STREET ADDRESS		Delde	NAME STREET ADDRESS		☐ Chang	pe 🔲 Addition
HAME SIRET ADDRESS CITY-ST-ZIP  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 dictated 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 divided 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 changed, or on an attachment with an address, with all other like empowered.	NAME STREET ADDRESS		☐ Delete	name Street address		Chang	e Addition
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 Bloc changed, or on an attachment with an address, with all other like empowered.	name Street adoress City-St-ZIP			NAME SIPEET ADDRESS CITY ST-ZIP			
SIGNATURE AS TYPES ON PRINTED HAMP OF SIGNING OFFICER OR DIRECTOR	of the co	rporation or the receiver or trustee er i, or on an attachment with an addres	no use and accurate and man inpowered to execute this report s, with all other like empowered	my signature shall have in as required by Chapter 6			