

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000160021

FILED
Aug 19, 2008
Secretary of State

Entity Name: TEAM WORK CORPORATION

Current Principal Place of Business:

703 N SWEETWATER BLVD.
LONGWOOD, FL 32779

New Principal Place of Business:

206 MAGNOLIA LAKE DRIVE
LONGWOOD, FL 32779

Current Mailing Address:

703 N SWEETWATER BLVD.
LONGWOOD, FL 32779

New Mailing Address:

206 MAGNOLIA LAKE DRIVE
LONGWOOD, FL 32779

FEI Number: 20-1934050

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROMERO, JORGE
703 NORTH SWEETWATER BLVD
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

CASTRILLON, ALCIBIADES
206 MAGNOLIA LAKE DRIVE
LONGWOOD, FL 32779 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: ALCIBIADES CASTRILLON

08/19/2008

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: CASTRILLON, ALCIBIADES
Address: 206 MAGNOLIA LAKE DR
City-St-Zip: LONGWOOD, FL 32779

Title: SD () Delete
Name: ROMERO, JORGE
Address: 703 NORTH SWEETWATER BLVD
City-St-Zip: LONGWOOD, FL 32779

Title: TD (X) Delete
Name: GUTIERREZ, ANDRES
Address: 100 BAYVIEW DR #605
City-St-Zip: SUNNY ISLE BEACH, FL 33180

Title: VPD (X) Delete
Name: NINO, JOSE
Address: 9955 E BAY HARBOR ISLAND APT 6B
City-St-Zip: BAL HARBOR, FL 33154

Title: VPD (X) Delete
Name: PORTOCARRERO, MIGUEL
Address: 2011 SW 134 AVENUE
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: GUTIERREZ, ANDRES
Address: 100 BAYVIEW DRIVE #605
City-St-Zip: SUNNY ISLE BEACH, FL 33180

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALCIBIADES CASTRILLON

PD

08/19/2008

Electronic Signature of Signing Officer or Director

Date