

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000106134

Entity Name: VIRTUAL WORK, CORP.

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

4995 N.W. 72 AVENUE
SUITE 205
MIAMI, FL 33166

New Principal Place of Business:

19390 COLLINS AVENUE,
SUITE 1509
SUNNY ISLES, FL 33160

Current Mailing Address:

4995 N.W. 72 AVENUE
SUITE 205
MIAMI, FL 33166

New Mailing Address:

19390 COLLINS AVENUE,
SUITE 1509
SUNNY ISLES, FL 33160

FEI Number: 42-1741920

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUEMBA, ANTONNY S
4995 N.W. 72 AVENUE
SUITE 205
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

QUEMBA, ANTONNY S
19390 COLLINS AVEVUE
SUITE 1509
SUNNY ISLES, FL 33160 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:

04/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: QUEMBA, ANTONNY S
Address: 4995 N.W. 72 AVENUE SUITE 205
City-St-Zip: MIAMI, FL 33166

Title: VD () Delete
Name: BLANCO, JAQUELINE
Address: 4995 N.W. 72 AVENUE SUITE 205
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: QUEMBA, ANTONNY S
Address: 19390 COLLINS AVENUE, SUITE 1509
City-St-Zip: SUNNY ISLES, FL 33160

Title: VD (X) Change () Addition
Name: BLANCO, JAQUELINE
Address: 19390 COLLINS AVENUE, SUITE 1509
City-St-Zip: SUNNY ISLES, FL 33160

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: ANTONNY STEVE QUEMBA

PD

04/23/2009

Electronic Signature of Signing Officer or Director

Date