


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P18896

1. Entity Name
WORKING SOLUTIONS INCORPORATED



Principal Place of Business Mailing Address

4305 N. MERIDIAN AVE. **4305 N. MERIDIAN AVE.**
MIAMI BEACH, FL 33140 **MIAMI BEACH, FL 33140**

DO NOT WRITE IN THIS SPACE



04182006 No Chg-P CRZE034 (11/05)

4. FEI Number Applied For
11-2572077 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ANECKSTEIN, MICHAEL
4305 N. MERIDIAN AVE.
MIAMI BEACH, FL 33140

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg. stored Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	ANECKSTEIN, MICHAEL
STREET ADDRESS	4305 N. MERIDIAN AVE.
CITY-ST-ZIP	MIAMI BEACH, FL
TITLE	V
NAME	ANECKSTEIN, RAQUEL
STREET ADDRESS	4305 N. MERIDIAN AVE.
CITY-ST-ZIP	MIAMI BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

000000522101
 05/03/06-80019-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Michael Aneckstein Date: 04/18/06 (305) 672-0701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #