CORPORATION

FILED ANNU Apr 26, 2004 08:00 AM Secretary of State **DOCUMENT # P93000012669** ABC WORKSHOP, INC. Principal Place of Business Mailing Address 7720 KIMBERLY BLVD 7720 KIMBERLY BLVD NORTH LAUDERDALE, FL 33068 NORTH LAUDERDALE, FL 33068 02032004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0388939 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent STIEGELAUB, STEVEN DO NOT WRITE 1700 UNIVERSITY DR., #220 CORAL SPRINGS, FL 33071 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. Signature, typed or printed name of registored agent and title if applicable. (NOTE. Registered Agent eignature required when reinstating) DATE \$5.00 May Be S. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. BILE KHALIL, EDMA NAME 1001 NE 27TH TERR STREET ADDRESS NO0000130108 POMPANO BCH, FL 33062 CITY-ST-2iP ---04/26/04-80103-025 158.75 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE

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 accurrate 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 septimes 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 sempowered.

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGN ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1/19/04

(954) 722-7882