



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90128 002 ***150.00

DOCUMENT # P94000086914			
1. Entity Name THE SHOW WORKS, INC.			
Principal Place of Business 2140 S. DIXIE HWY STE 304 COCONUT GROVE, FL 33133 US		Mailing Address 2140 S. DIXIE HWY STE 304 COCONUT GROVE, FL 33133 US	
2. Principal Place of Business 167 N.W. 23 St. Suite, Apt. #, etc.		3. Mailing Address 167 N.W. 23 St. Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33127		Zip 33127	
Country		Country	
4. FEI Number 65-0545748		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PENALVER, AURORA 1101 BRICKELL AVE SUIE 1700 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BILOWIT, WILLIAM 2911 BRIDGEPORT AVE. COCONUT GROVE, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 167 N.W. 23 Street Miami, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ORIHUELA, GRELA 2911 BRIDGEPORT AVE. MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 167 N.W. 23 Street Miami, FL 33127
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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 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: 		Date: 3/17/05 305-438-1806 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Grela Orihuela			