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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000010229**
1. Entity Name
NATIONAL WORKING FORCE, INC.

Principal Place of Business Mailing Address
**5040 NW 7TH STREET
MIAMI, FLA. 33126**

2. Principal Place of Business 3. Mailing Address
3625 NW 82 AVE. 3625 NW 82 AVE
Suite, Apt. #, etc. Suite, Apt. #, etc.
100 100

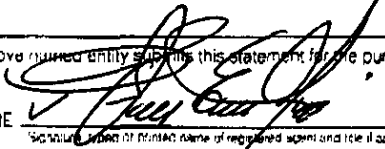
City & State City & State
MIAMI, FLA. MIAMI, FL
Zip Country Zip Country
33166 USA 33166 USA

4. FEI Number Applied For
65-0553353 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**ARMANDO ESCOBAR
3625 NW 82 ND AVE
MIAMI, FLA. 33166**

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.
SIGNATURE  DATE **9/20/00**
(NOTE: Registered Agent signature required when re-registering)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐
(See criteria on back) **FILE NOW! FEE IS \$150.00**
AFTER MAY 1, 2000 Fee will be \$350.00
Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARMANDO ESCOBAR PRESIDENT - STD. 3625 NW 82 AVE MIAMI, FLA. 33166 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

3000003408253
-09/28/00-01079-019
*****150.00 ***150.00**
LS

13. 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 11 or Block 12 if charged, or on an attachment with addresses, with all other persons empowered.

SIGNATURE:  DATE **9/20/00** **305-341-3610**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



NATIONAL WORKING FORCE, INC.
Self-Sufficiency, Personal Responsibility & Employment

A Partner of the



2012

3625 N.W. 82nd Avenue, Suite 100, Miami, FL 33166 • Phone (305) 718-8060 • Fax: (305) 718-8020

September 21, 2000

State of Florida
Division of corporations
PO Box 6327
Tallahassee, FL 32314

RE: 2000 ANNUAL REPORT
National Working Force, Inc.

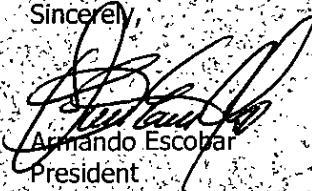
To Whom it May Concern:

Enclosed please find the Annual Report filing fee for National Working Force, Inc. We contacted your office twice in the last two months to request the 2000 Annual Report form, and we were notified that your department mailed the form to another address you had on file for us. Both our mailing and physical address is:

3625 NW 82nd Ave., Ste. 100
Miami, FL 33166

Please abate penalties for late filing as this was not a result of negligence on our part. The form was never received in our office, and we are making every effort to obtain the documentation and pay the fees involved.

Sincerely,


Armando Escobar
President

RECEIVED
00 SEP 25 AM 9:39
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA