
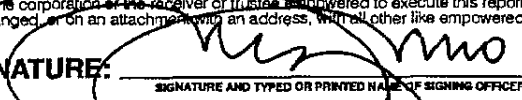


FILED
Jan 12, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000030071		
1. Entity Name WORKSHOP +, INC.		
Principal Place of Business 819 SW 10 AVE MIAMI, FL 33130 US		Mailing Address 819 SW 10 AVE MIAMI, FL 33130 US
DO NOT WRITE IN THIS SPACE		
01102005 No Chg-P CR2E034 (10/03)		
4. FEI Number 65-0653030		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
LEZCANO, JUAN R 2901 SOUTH BAY SHORE DR APT 140 MIAMI, FL 33133-6017		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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEZCANO, JUAN 2901 SOUTH BAY SHORE DR COCONUT GROVE, FL 331336017	
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DO NOT WRITE IN THIS SPACE		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		01.10.2005 358588180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #