2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90238 039 ***150.00

DOCUMENT # P97000025281

1. Entity Name
WORKING WOMAN, INC.

Principal Place of Business	Mailing Address
226 GARDEN CT FORT LAUDERDALE, FL 33308	226 GARDEN CT FORT LAUDERDALE, FL 33308

04072004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
2400 E. COMMERCIAL BLVD		2400 E. COMMERCIAL BLVD	
Suite, ~~Apt. #, etc.~~ 204		Suite, ~~Apt. #, etc.~~ 204	
City & State FT. LAUDERDALE, FL		City & State FT. LAUDERDALE, FL	
Zip 33308	Country BROWARD	Zip 33308	Country BROWARD

4. FEI Number 65-0737604 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BEATTY, SUSAN M
226 GARDEN CT
FORT LAUDERDALE, FL 33308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 2400 E. COMMERCIAL BLVD
SUITE 204
City FT. LAUDERDALE FL Zip Code 33308

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 Susan M. Beatty 4-8-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	BEATTY, SUSAN		NAME		
STREET ADDRESS	226 GARDEN CT		STREET ADDRESS	2400 E. COMMERCIAL BLVD #204	
CITY-ST-ZIP	FT LAUDERDALE, FL 33308		CITY-ST-ZIP	FT LAUDERDALE, FL 33308	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Susan M. Beatty 4-18-04 954-873-3230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SUSAN M. BEATTY