

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000059880

1. Entity Name
LTC WORKS FOR YOU, INC.



**FILED
Jun 13, 2005 8:00 am
Secretary of State**

06-13-2005 90004 037 ***150.00

Principal Place of Business
17790 NE 9 PLACE
NO MIAMI BCH, FL 33162

Mailing Address
17790 NE 9 PLACE
NO MIAMI BCH, FL 33162

2. Principal Place of Business
17790 NE 9th Pl

Suite, Apt. #, etc.

3. Mailing Address
Same

Suite, Apt. #, etc.

City & State
N.M.B. FL

City & State

Zip 33162 Country USA

Zip

Country

05242005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0765568	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

BURSZTYN, YIGAL E
17790 NE 9 PLACE
NO MIAMI BCH, FL 33162

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resinating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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 PD
NAME BURSZTYN, YIGAL E
STREET ADDRESS 17790 NE 9 PLACE
CITY-ST-ZIP NO MIAMI BCH, FL 33162

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE VP
NAME BURSZTYN, BETTY
STREET ADDRESS 17790 NE 9TH PL
CITY-ST-ZIP NMB, FL 33162

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/05 305-798-5102
/Date Daytime Phone #

ATTACHMENT

40088014 6-8-05

STATE OF FLORIDA # PG7000059880

Divisions of Corporation

I AM SENDING TO YOU THE ANNUAL REPORT THAT I JUST RECEIVED FROM YOUR OFFICE. I NEVER RECEIVED ONE Prior to now nor did I EVER RECEIVE ANY CARD THE MAN ON THE PHONE ASKED ME ABOUT. I CALLED YOUR OFFICE BECAUSE I REALIZED I NEVER GOT ONE AND THIS IS WHAT I'M SENDING TO YOU. I AM ENCLOSED THE CHECK FOR \$150.00 AND I HOPE YOU WOULD BE SO GRACIOUS TO WAIVE THE LATE FEE SINCE I NEVER RECEIVED IT BEFORE. I NEVER HAVE ACCESS TO

THE INTERNET EITHER.

IF YOU LOOK IN THE
PAST WE HAVE NEVER
PAID LATE BECAUSE I
ALWAYS GOT THE FORM.

IT JUST NEVER CAME THIS
YEAR.

THANK YOU FOR YOUR ATTENTION
TO THIS MATTER. IF YOU
NEED TO REACH ME PLEASE
CALL 305-798-5102



WE WORK FOR YOU INC.
Betty Bursztyn
17790 NE 9th Pl
N.M.B. F. 33162