
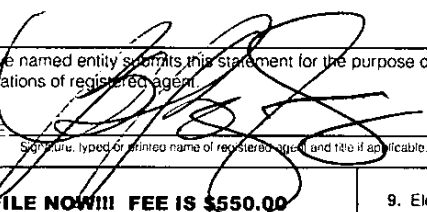
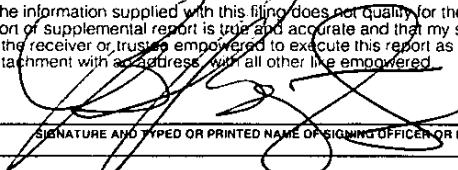


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

06-13-2005 90004 037 \*\*\*150.00

<b>DOCUMENT # P97000059880</b> 1. Entity Name <b>LTC WORKS FOR YOU, INC.</b>					
Principal Place of Business <b>17790 NE 9 PLACE NO MIAMI BCH, FL 33162</b>			Mailing Address <b>17790 NE 9 PLACE NO MIAMI BCH, FL 33162</b>		
2. Principal Place of Business <b>17790 NE 9th Pl</b> Suite, Apt. #, etc.		3. Mailing Address <b>SAME</b> Suite, Apt. #, etc.			
City & State <b>N.M.B. FL</b>		City & State		4. FEI Number <b>65-0765568</b>	
Zip <b>33162</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BURSZTYN, YIGAL E 17790 NE 9 PLACE NO MIAMI BCH, FL 33162</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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:  (NOTE: Registered Agent signature required when re-registering)					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BURSZTYN, YIGAL E 17790 NE 9 PLACE NO MIAMI BCH, FL 33162		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BURSZTYN, BETTY 17790 NE 9TH PL NMB, FL 33162		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			5/28/05 305-798-5102 Date Daytime Phone #		

ATTACHMENT

#0088014

68-05

STATE OF FLORIDA

#P97000059880

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  
ENCLOSING 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

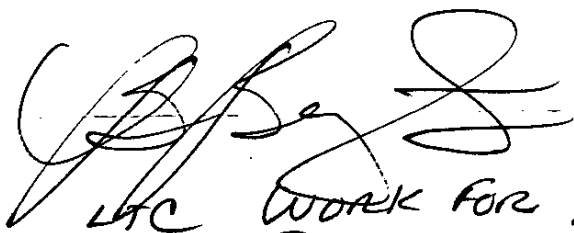
THE INTERNET EITHER.

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



LTC WORK FOR YOU INC.  
BETTY BURSZTYN  
17790 NE 9TH PL  
N.M.B. FL. 33162