

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90237 012 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000097697					
1. Corporation Name WORK BUSTERS CORP.					
Principal Place of Business 70 NE 86 STREET MIAMI FL 33138			Mailing Address 70 NE 86 STREET MIAMI FL 33138		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		
3. Date Incorporated or Qualified 11/16/1998			4. FEI Number Applied For		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Election Campaign Financing ☐			\$5.00 May Be Added to Fees		
7. This corporation owes the current year Intangible Personal Property Tax ☐ Yes ☐ No			8. This corporation owes the current year Intangible Personal Property Tax ☐ Yes ☐ No		
9. Name and Address of Current Registered Agent BERTRAND, BENOIT 70 NE 86 STREET MIAMI FL 33138			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1908, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.					
SIGNATURE <i>Benoit Bertrand</i> DATE 3/1/99					
12. OFFICERS AND DIRECTORS					
12.1 TITLE ☐ DELETE 12.2 NAME BERTRAND, BENOIT 12.3 STREET ADDRESS 70 N.E. 86 Street 12.4 CITY-ST-ZIP Miami, FL 33138					
12.5 TITLE ☐ DELETE 12.6 NAME 12.7 STREET ADDRESS 12.8 CITY-ST-ZIP					
12.9 TITLE ☐ DELETE 12.10 NAME 12.11 STREET ADDRESS 12.12 CITY-ST-ZIP					
12.13 TITLE ☐ DELETE 12.14 NAME 12.15 STREET ADDRESS 12.16 CITY-ST-ZIP					
12.17 TITLE ☐ DELETE 12.18 NAME 12.19 STREET ADDRESS 12.20 CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
13.1 TITLE ☐ Change ☐ Addition 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP					
13.5 TITLE ☐ Change ☐ Addition 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-ST-ZIP					
13.9 TITLE ☐ Change ☐ Addition 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-ST-ZIP					
13.13 TITLE ☐ Change ☐ Addition 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-ST-ZIP					

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Benoit Bertrand*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/99 305-791-8271
 Date Daytime Phone

CR2E03A (1/98)