2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P99000047942 A1 WORK POWER, INC. 04-30-2001 90121 049 ***150.00 Principal Place of Business Mailing Address 2475 N.W. 21 TERR..2ND FLOOR 2475 N.W. 21 TERR..2ND FLOOR MIAMI FL 33125 MIAMI FL 33125 80041769 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0924624 Not Applicable \$8.75 Additional Zip_ Zip Country 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PENA. RAUL Street Address (P.O. Box Number is Not Acceptable) 2475 N.W. 21 TERR., 2ND FLOOR **MIAMI FL 33125** Zip Code City 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. SIGNATURE 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 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. CR2E034 (10/00) DPST ☐ Addition ☐ Change TITLE ☐ Delete TITLE PENA, RAUL NAME NAME 2475 N.W. 21 TERR.,2ND FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAM! FL 33125 CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE TITLE □ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 13. I hereby certify that the information supplied with this filling does not qualify ntal report is true and rustee empowered to my signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or to ecute this repor