

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000059680

FILED
Oct 06, 2004
Secretary of State

Entity Name: WORKFORCE MANAGEMENT INC.

Current Principal Place of Business:

13961 N.E. 2 AVE.
MIAMI, FL 33161

New Principal Place of Business:

17801 NW 2ND AVE.
214
MIAMI, FL 33169

Current Mailing Address:

P.O. BOX 4254
MIAMI, FL 33101

New Mailing Address:

FEI Number: 65-0930854 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYEW, ANDREA
13961 N.E. 2 AVE.
MIAMI, FL 33161 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOWARD, FREDDIE
Address: 7320 NORTH OAKMONT DR
City-St-Zip: MIAMI, FL 33015

Title: ST () Delete
Name: LYEW, ANDREA
Address: 13961 N.E. 2 AVENUE
City-St-Zip: MIAMI, FL 33161

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HOWARD, FREDDIE
Address: 7411 NW 186TH STREET
City-St-Zip: MIAMI, FL 33015

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: HOWARD, DEVONNE L
Address: 7411 NW 186TH STREET
City-St-Zip: MIAMI, FL 33015

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEVONNE HOWARD

VP

10/06/2004

Electronic Signature of Signing Officer or Director

_____ Date