

2008

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90193 004 ***150.00

DOCUMENT # P00000110920
1. Entity Name End Two End Works Corp.

DO NOT WRITE IN THIS SPACE

40106047

2. Principal Place of Business 600 N.E. 36th St. Suite, Apt. #, etc. Suite C4-3 City & State Miami, FL	3. Mailing Address 600 N.E. 36th St. Suite, Apt. #, etc. Suite C4-3 City & State Miami, FL
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1058864	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name del Valle, Manuel R.	
		Street Address (P.O. Box Number is Not Acceptable) 7300 N.W. 19th St.	
		Suite 101	
		City Miami	FL Zip Code 33126-1222

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 reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P Montoya, Alvaro Carrera 64A, No. 10-74, 2do Piso Cali, Colombia	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S/T Montoya, Beatriz Carrera 64A, No. 10-74, 2do Piso Cali, Colombia	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Alvaro Montoya Alvaro Montoya 4-21-08 305-358-6512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #