

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 16, 2004
Secretary of State**

DOCUMENT# N01000000324

Entity Name: CITY LINKS 4CHARITIES, INC.

Current Principal Place of Business:

3437 BELLINGTON DR
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

3437 BELLINGTON DR
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 59-3713388 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, EFRAIN
3437 BELLINGTON DR
ORLANDO, FL 32835 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RODRIGUEZ, EFRAIN
Address: 3437 BELLINGTON DR
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: JOLLY, ROBERT G
Address: 3437 BELLINGTON DR
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: ALBINO, ILEANA
Address: 3708 BRAMBLE CT
City-St-Zip: SAINT CLOUD, FL 34769

Title: D () Delete
Name: RODRIGUEZ, VICTOR M
Address: 1900 LOCHBERRY RD
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EFRAIN RODRIGUEZ

PD

04/16/2004

Electronic Signature of Signing Officer or Director

_____ Date