

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 12, 2005  
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

04/12/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date