

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000028855			
1. Entity Name TRADELINK INTERNATIONAL, INC.			
Principal Place of Business 7200 NW 19TH STREET SUITE 305 MIAMI, FL 33126		Mailing Address 7200 NW 19TH STREET SUITE 305 MIAMI, FL 33126	
2. Principal Place of Business 15476 NW 77 CT		3. Mailing Address 15476 NW 77 CT	
Suite, Apt. #, etc. SUITE 628		Suite, Apt. #, etc. SUITE 628	
City & State MIAMI LAKES, FL		City & State MIAMI LAKES, FL	
Zip 33016		Zip 33016	
Country US		Country US	
4. FEI Number 65-1085023		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name MICHAEL WINKELS Street Address (P.O. Box Number is Not Acceptable) 15476 NW 77 CT SUITE 628 City MIAMI LAKES FL Zip Code 33016	
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: <i>MW Winkels</i> DATE: 4/15/03 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's Signature required when retreating)</small>			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE PCEO	NAME KÖBERG, LUIS <input type="checkbox"/> Delete	STREET ADDRESS 7200 NW 19TH STREET, SUITE 305 CITY-ST-ZIP MIAMI, FL 33126	
TITLE VCEO	NAME WINKELS, MICHAEL <input type="checkbox"/> Delete	STREET ADDRESS 7200 NW 19TH STREET, SUITE 305 CITY-ST-ZIP MIAMI, FL 33126	
TITLE D	NAME KÖBERG, LUIS <input type="checkbox"/> Delete	STREET ADDRESS 7200 NW 19TH STREET, SUITE 305 CITY-ST-ZIP MIAMI, FL 33126	
TITLE D	NAME WINKELS, MICHAEL <input type="checkbox"/> Delete	STREET ADDRESS 7200 NW 19TH STREET, SUITE 305 CITY-ST-ZIP MIAMI, FL 33126	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE PCEO	NAME KÖBERG, LUIS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 15476 NW 77 CT, STE 628 CITY-ST-ZIP MIAMI LAKES, FL 33016	
TITLE VCEO	NAME WINKELS, MICHAEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 15476 NW 77 CT, STE 628 CITY-ST-ZIP MIAMI LAKES, FL 33016	
TITLE D	NAME KÖBERG, LUIS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 15476 NW 77 CT, STE 628 CITY-ST-ZIP MIAMI LAKES, FL 33016	
TITLE D	NAME WINKELS, MICHAEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 15476 NW 77 CT, STE 628 CITY-ST-ZIP MIAMI LAKES, FL 33016	
TITLE CTO	NAME ALEXANDER MIRANDA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS 15476 NW 77 CT, STE 628 CITY-ST-ZIP MIAMI LAKES, FL 33016	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>MW Winkels</i> MICHAEL WINKELS 4/15/03 (305) 417-6688 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)