

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000026264

Entity Name: LINK USA, INC.

FILED  
Jan 10, 2011  
Secretary of State

**Current Principal Place of Business:**

1020 BUNNELL ROAD  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

1020 BUNNELL ROAD  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

FEI Number: 20-0693193

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FICORELLA, MARIA  
9012 SUMMIT CENTRE WAY 1-208  
ORLANDO, FL 32810 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: P  
Name: PIROMALLI, MARCO P MR  
Address: 9012 SUMMIT CENTRE WAY APT 1-208  
City-St-Zip: ORLANDO, FL 32810

Title: V  
Name: FRATOCCHI, ASSUNTA MRS  
Address: 9012 SUMMIT CENTRE WAY APT 1-208  
City-St-Zip: ORLANDO, FL 32810

Title: OM  
Name: FICORELLA, MARIA MS  
Address: 9012 SUMMIT CENTRE WAY 1-208  
City-St-Zip: ORLANDO, FL 32810

I hereby 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 all other like empowered.

SIGNATURE: MARIA FICORELLA

OM

01/10/2011

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

\_\_\_\_\_  
Date