

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 08:00 A
Secretary of State


DOCUMENT # P04000074881

1. Entity Name
 HEALTHLINKS VENTURES, INC.



Principal Place of Business 19170 NW 88TH CT. MIAMI, FL 33018	Mailing Address 19170 NW 88TH CT. MIAMI, FL 33018
---	---

DO NOT WRITE IN THIS SPACE



05022007 No Chg-P CR2E034 (11/05)

4. FEI Number 32-0136809	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALLE, EMMANSON O
 19170 NW 88TH CT.
 MIAMI, FL 33018

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ALLE, EMMANSON O 19170 NW 88TH CT. MIAMI, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLE, EMMANSON O 19170 NW 88TH CT. MIAMI, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO ALLE, MARGARET A 19170 NW 88TH CT. MIAMI, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLE, MARGARET A 19170 NW 88TH CT. MIAMI, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000761901
 05/25/07-80073-020 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Emmalle. ALLE Emmanson -O. Date: 04/30/07 Daytime Phone #: 305-829-2910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR