


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000013245 1. Entity Name INTERLINK LOGISTICS AND MANAGEMENT, INC.	
---	---

Principal Place of Business 13412 SOUTHWEST 131ST STREET MIAMI, FL 33186	Mailing Address 13412 SOUTHWEST 131ST STREET MIAMI, FL 33186
--	--



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0985530	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

LOPES, FATIMA G
 8402 SOUTHWEST 162ND TERRACE
 MIAMI, FL 33157

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT LOPES, FATIMA G 8402 SW 162ND TERRACE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LOPES, CAETANO R 8402 SW 162ND TERRACE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CORDEIRO, OSMON ALVES RUA CASSIANO RICARDO, 1550 SAI JOSE DOE CAMPOS-SP.BRAZI,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LOPES, PAULOT 12185 SW 125 CT MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000060656
 02/23/04-80047-013 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  1/7/04 305-234-8005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #