


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F00000001593</b> 1. Entity Name ATLANTIC LINK INVESTMENTS, INC.	
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Principal Place of Business 16300 NE 13TH AVE. SUITE 251 NORTH MIAMI BEACH, FL 33162	Mailing Address 19 RUE GAMBETTA 34200 SETE FRANCE, XX
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04012005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 54-1966520	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  MURRAY, RICHARD 1811 COLONIAL DR. GREEN COVE SPRINGS, FL 32043	<b>DO NOT WRITE IN THIS SPACE</b>
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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: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NIVARD, PHILIPPE Y 19 RUE GAMBETTA 71700 SETE, FRANCE,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SORCE, SYLVANA 8 QUAI PAUL RIQUET 34200 SETE, FRANCE,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LE BORGNE, DANIEL F 8 QUAI D'ORIENT 34200 SETE, FRANCE,
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U00000289659  
04/06/05-80033-022 150.00

**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:** \_\_\_\_\_ **4/2/2005**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #