2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 04, 2004 08:00 AM Secretary of State DOCUMENT # G54532 1. Entity Name HARBOUR-LINK INTERNATIONAL, INC. Principal Place of Business Mailing Address 4435 OLD WINTER GARDEN ROAD 1579 LOUIS KOSSUTH AVE ORLANDO, FL 32802 BOHEMIA, NY 11716 02012004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-2672870 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent XL CORPORATE SERVICES, INC. DO NOT WRITE 4435 OLD WINTER GARDEN ROAD ORLANDO, FL 32802 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) -- - - -FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE U00000076355 SERRAO, MARIO NAME 03/04/04-80025-005 150.00 STREET ADDRESS 1579 LOUIS KOSSUTH AVE. CITY-ST-ZIP BOHEMIA, NY TITLE SERRAO, SHANE NAME 1579 LOUIS KOSSUTH AVE. STREET ADDRESS BOHEMIA, NY CITY-ST-ZIP TITLE SERRAO, STANLEY NAME STREET ADDRESS 1579 LOUIS KOSSUTH AVE. DO NOT WRITE CITY-ST-ZIP BOHEMIA, NY IN THIS SPACE TITLE SERRAO, JOAN NAME STREET ADDRESS 1579 LOUIS KOSSUTH AVE. CITY-ST-7IP BOHEMIA, NY TITLE SERRAO, SHELDON NAME

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 trusted 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 made appears with all other like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

1579 LOUIS KOSSUTH AVE., BOHEMIA, NY 11716

JOAN SERRAO

NAME OF SIGNING OFFICER OR DIRECTOR

3/1/04

Date

Daytime Phone #

FILED