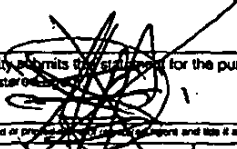
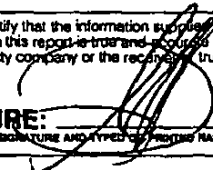


FILED  
Jun 15, 2005 8:00 am  
Secretary of State

5/9

05-09-2005 90048 011 \*\*\*\*50.00

2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                        |                                                                                                                                  |                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L04000007235</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                        |                                                 |                                                                   |
| 1. Entity Name<br>FORTUNE LINK, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                        |                                                                                                                                  |                                                                   |
| Principal Place of Business<br>1452 WASHINGTON AVE<br>MIAMI BEACH, FL 33139                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                        | Mailing Address<br>1452 WASHINGTON AVE<br>MIAMI BEACH, FL 33139                                                                  |                                                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                        | 3. Mailing Address                                                                                                               |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                        | Suite, Apt. #, etc.                                                                                                              |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                        | City & State                                                                                                                     |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Country                                                                                                | Zip                                                                                                                              | Country                                                           |
| 4. FEI Number<br>20-2976113                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                        | Applied For<br>Not Applicable                                                                                                    |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                        |                                                                                                                                  |                                                                   |
| 6. Name and Address of Current Registered Agent<br>PARETS, ANGEL L<br>1452 WASHINGTON AVE<br>MIAMI BEACH, FL 33139                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                        | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |                                                                   |
| 8. The above named entity permits the undersigned 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<br>                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                        | DATE                                                                                                                             |                                                                   |
| Filing Fee is \$50.00<br>Due by May 1, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                        | Make check payable to<br>Florida Department of State                                                                             |                                                                   |
| 9. MANAGING MEMBERS / MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                        | 10. ADDITIONS / CHANGES                                                                                                          |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                          | MGR<br>PARETS, ANGEL L<br>1452 WASHINGTON AVE<br>MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                          | MGR<br>PARETS, ARMANDO<br>1452 WASHINGTON AVE<br>MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and correct and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the registered trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |                                                                                                        |                                                                                                                                  |                                                                   |
| SIGNATURE:  ANGEL PARETS                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                        | Date: 4/25/05 Daytime Phone: 3056725331                                                                                          |                                                                   |