


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L48299</b> 1. Entity Name <b>LINK CONSTRUCTION &amp; MINING CORPORATION</b>	
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Principal Place of Business <b>1781 NW 79TH AVE MIAMI, FL 33126 US</b>	Mailing Address <b>1781 NW 79TH AVE MIAMI, FL 33126 US</b>
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**DO NOT WRITE IN THIS SPACE**



03012004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0170787</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>CLEMENTS, PHILLIP J 1781 NW 79TH AVENUE MIAMI, FL 33129</b>	<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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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>	<b>U00000087954 03/29/04-80021-022 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS CLEMENTS, JOHN 1781 NW 79TH AVE MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GALLOWAY, CARMEN 10040 SW 46ST MIAMI, FL 33165
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 another like empowered.

**SIGNATURE:**  **PHILLIP CLEMENTS**  **03/15/04 7305 5947300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #