


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90067 042 \*\*\*\*50.00

<b>DOCUMENT # M02000002699</b>	
<b>1. Entity Name</b> AMERICAS BUSINESS LINK LLC	

<b>Principal Place of Business</b> 1330 WEST AVENUE 707 MIAMI BEACH FL 33139	<b>Mailing Address</b> 1330 WEST AVENUE 707 MIAMI BEACH FL 33139
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<b>2. Principal Place of Business</b> 11 Island Ave # 705 Suite, Apt. #, etc.	<b>3. Mailing Address</b> 11 Island Ave 705 Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/05)

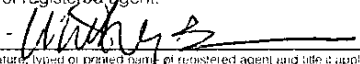
<b>City &amp; State</b> Miami Beach FL Zip 33139	<b>Country</b>	<b>City &amp; State</b> Miami Beach FL Zip 33139	<b>Country</b>
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<b>4. FEI Number</b> 61-1348760	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> BELKER, WHITNEY 1330 WEST AVENUE 707 MIAMI BEACH FL 33139
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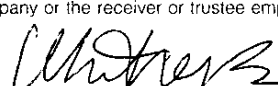
<b>7. Name and Address of New Registered Agent</b> Name: Whitney Belker Street Address (P.O. Box Number is Not Acceptable): 11 Island Ave # 705 City: Miami Beach FL Zip Code: 33139
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<b>8. The above named entity submits this statement for the purpose 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.</b> SIGNATURE:  DATE: 3/23/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>
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<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>
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9. MANAGING MEMBERS/MANAGERS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> BELKER, WHITNEY 1330 WEST AVENUE, #707 MIAMI BEACH FL 33139 <i>change address above</i>
<input type="checkbox"/> Delete	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete	

10. ADDITIONS/CHANGES	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>	
<b>SIGNATURE:</b> 	DATE: 3/23/06
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Daytime Phone #</small>