

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000828

FILED
Apr 28, 2006
Secretary of State

Entity Name: HISPANIC RESOURCE LINK INC.

Current Principal Place of Business:

2511 BROOKSTONE DR.
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

2511 BROOKSTONE DR.
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 41-2027048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, KATHRYN
2511 BROOKSTONE DR
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MR () Delete
Name: GARCIA, DANNY I
Address: 2511 BROOKSTONE DR.
City-St-Zip: KISSIMMEE, FL 34744

Title: MRS () Delete
Name: GARCIA, KATHRYN J
Address: 2511 BROOKSTONE DR.
City-St-Zip: KISSIMMEE, FL 34744

Title: MS () Delete
Name: ROSALIE, SOTO
Address: 720 BENEDICT WAY
City-St-Zip: CASSELBERRY, FL 32707

Title: MRS () Delete
Name: GINETTE, OLSEN
Address: 992 B E. MICHIGAN ST.
City-St-Zip: ORLANDO, FL 32806

Title: MS () Delete
Name: ENID, ROSA
Address: 6012 FOLKSTONE LN
City-St-Zip: ORLANDO, FL 32822

Title: MS () Delete
Name: ANGIE, SOLA
Address: PO BOX 10000
City-St-Zip: LAKE BUENA VISTA, FL 32830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MRS (X) Change () Addition
Name: GARCIA, KATHRYN J
Address: 2511 BROOKSTONE DR
City-St-Zip: KISSIMMEE, FL 34744

Title: MS (X) Change () Addition
Name: SOTO, ROSALIE
Address: 6100 OLEANDER DR
City-St-Zip: ORLANDO, FL 32807

Title: MRS (X) Change () Addition
Name: OLSEN, GINETTE
Address: 992 B E. MICHIGAN ST.
City-St-Zip: OLANDO, FL 32806

Title: MS (X) Change () Addition
Name: ROSA, ENID
Address: PO BOX 3028
City-St-Zip: ORLANDO, FL 32802

Title: MS (X) Change () Addition
Name: SOLA, ANGIE
Address: PO BOX 10000
City-St-Zip: LAKE BUENA VISTA, FL 32830

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANNY GARCIA

PRES

04/28/2006

Electronic Signature of Signing Officer or Director

Date