## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 22, 2008 8:00 am Secretary of State

DOCUMENT # N0200000828  1. Entity Name HISPANIC RESOURCE LINK INC.						~	05-22-2008	90017 006 ****6:	1.25
Principal Place of Business 12803 DOWNSTREAM CIRCLE ORLANDO, FL 32828			Mailing Address 12803 DOWNSTREAM CIRCLE. ORLANDO, FL 32828		600	43345			
2. Principal Place of Business - No P.O. Box # 6565 ITALELTINE NATIONAL			3. Mailing Address 2511 BROOKS forme DR						
Suite, Apt. #, etc.  SUITE # i			Suite, Apt. #, etc.		05052008 Chg-NP CR2E037 (12/06)				
City & State ORLANDO FL		KISSIMMEE, FL			4. FEI Numbe 41-2027		<del></del>	Applied For	
3282	<u></u>	Country	2 4 7//	Country			of Status Desired	□ \$8.75 A	
22811		e and Address of Current F	Registered Agent			7. Name and	Address of New	Fee Requi	rea
GARCIA I	KATHRYN	·		Name	· Ka	thryn	CTZR	cia	
GARCIA, KATHRYN 2511 BROOKSTONE DR			Street Address		P.O. Box Numbe	r is Not Accepta	ble)		
KISSIMMEE, FL 34744				2511		noorst	me Di		
				City	75.00.00.00			xde //	
8. The above	named enti	ity submits this statement for	the purpose of changing its	registered office	e or register		h, in the State of		h, and accept
the obligat	tions of regis	stered agent.	•	_					
SIGNATURE .									
	Signature, type	d or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent sig	onature required	t when minstation)		DATE	
					· ·			<u> </u>	
D	_	ee is \$61.25 ptember 12, 2008	9. Election Cam Trust Fund C	npaign Financin		\$5.00 May Bo Added to Fees	e FI	Make check payable orida Department of	
10.	ue by Se		9. Election Carr Trust Fund C	npaign Financing contribution.	g 🗆	\$5.00 May Bo Added to Fees	FI FI	orida Department of CERS AND DIRECTORS	State IN 10
	MR	ptember 12, 2008	9. Election Carr Trust Fund C	npaign Financin ontribution.	g 🗆	\$5.00 May Bo Added to Fees	FI FI	orida Department of	State IN 10
10. TITLE NAME STREET ADDRESS	MR GARCIA 2511 BR	OFFICERS AND DIE DANNY I OOKSTONE DR.	9. Election Carr Trust Fund C	npaign Financing ontribution.  11, TITLE NAME STREET ADDRESS	g	\$5.00 May Bo Added to Fees	FI FI	orida Department of CERS AND DIRECTORS	State IN 10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR GARCIA 2511 BRI KISSIMM	OFFICERS AND DIR	9. Election Carr Trust Fund C ECTORS	npaign Financing ontribution.  11.  TITLE NAME STREET ADDRES CITY-ST-ZIP	g	\$5.00 May Bo Added to Fees	FI FI	orida Department of CERS AND DIRECTORS	State IN 10 Addition
10. TITLE NAME STREET ADDRESS	MR GARCIA 2511 BR KISSIMM MRS	OFFICERS AND DIE DANNY I OOKSTONE DR.	9. Election Carr Trust Fund C	npaign Financing ontribution.  11, TITLE NAME STREET ADDRESS	g	\$5.00 May Bo Added to Fees	FI FI	orida Department of CERS AND DIRECTORS	State IN 10 Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MR GARCIA 2511 BR KISSIMM MRS GARCIA 2511 BR	OFFICERS AND DIR DANNY I OOKSTONE DR. KATHRYN J OOKSTONE DR	9. Election Carr Trust Fund C ECTORS	npaign Financing ontribution.  11, TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES	g D	\$5.00 May Bo Added to Fees	FI FI	orida Department of CERS AND DIRECTORS	State IN 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR GARCIA, 2511 BR KISSIMN MRS GARCIA, 2511 BR KISSIMN	OFFICERS AND DIR DANNY I OOKSTONE DR. MEE, FL 34744  KATHRYN J	9. Election Carr Trust Fund C  ECTORS  Delete	npaign Financing ontribution.  11,  TITLE NAME STREET ADDRES CITY-ST-ZP  TITLE NAME STREET ADDRES CITY-ST-ZP	g D	\$5.00 May Bo Added to Fees	FI FI	Orida Department of CERS AND DIRECTORS  Change	State IN 10 Addition
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MR GARCIA, 2511 BR KISSIMM MRS GARCIA, 2511 BR KISSIMM MS. SOTO, R	OFFICERS AND DIR  DANNY I  OOKSTONE DR.  KATHRYN J  OOKSTONE DR  KEE, FL 34744  ROSALIE	9. Election Carr Trust Fund C ECTORS	npaign Financing ontribution.  11, TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES	g D	\$5.00 May Bo Added to Fees	FI FI	orida Department of CERS AND DIRECTORS	State IN 10 Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	MR GARCIA, 2511 BR KISSIMM MRS GARCIA, 2511 BR KISSIMM MS. SOTO, R 6100 OLI	OFFICERS AND DIR  DANNY I  OOKSTONE DR.  KATHRYN J  OOKSTONE DR  MEE, FL 34744  ROSALIE  EANDER DR	9. Election Carr Trust Fund C  ECTORS  Delete	npaign Financing ontribution.  11,  TITLE NAME STREET ADDRES CITY-ST-ZIP  TITLE NAME STREET ADDRES CITY-ST-ZIP  TITLE NAME STREET ADDRES STREET ADDRES	g D	\$5.00 May Bo Added to Fees	FI FI	Orida Department of CERS AND DIRECTORS  Change	State IN 10 Addition
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MR GARCIA, 2511 BR KISSIMM MRS GARCIA, 2511 BR KISSIMM MS. SOTO, R 6100 OLI	OFFICERS AND DIR  DANNY I  OOKSTONE DR.  KATHRYN J  OOKSTONE DR  KEE, FL 34744  ROSALIE	9. Election Carr Trust Fund C  ECTORS  Delete  Delete	npaign Financing ontribution.  11.  TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME NAME NAME	g D	\$5.00 May Bo Added to Fees	FI FI	Orida Department of CERS AND DIRECTORS  Change	State IN 10 Addition Addition
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MR GARCIA, 2511 BR KISSIMM MRS GARCIA, 2511 BR KISSIMM MS. SOTO, R 6100 OLI ORLAND MRS OLSEN,	OFFICERS AND DIR  DANNY I OOKSTONE DR.  KATHRYN J OOKSTONE DR  MEE, FL 34744  ROSALIE EANDER DR  DO, FL 32807  GINETTE	9. Election Carr Trust Fund C  ECTORS  Delete	npaign Financing ontribution.  11,  TITLE NAME STREET ADDRES CITY-ST-ZIP  TITLE NAME	g D	\$5.00 May Bo Added to Fees	FI FI	Orida Department of CERS AND DIRECTORS Change Change	State IN 10 Addition Addition
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MR GARCIA, 2511 BR KISSIMM MRS GARCIA, 2511 BR KISSIMM MS. SOTO, R 6100 OLI ORLAND MRS OLSEN, 992 B E.	OFFICERS AND DIR  DANNY I  OOKSTONE DR.  KATHRYN J  OOKSTONE DR  MEE, FL 34744  ROSALIE  EANDER DR  OO, FL 32807	9. Election Carr Trust Fund C  ECTORS  Delete  Delete	npaign Financing ontribution.  11,  TITLE NAME STREET ADDRES CITY-ST-ZIP  TITLE NAME STREET ADDRES CITY-ST-ZIP  TITLE NAME STREET ADDRES CITY-ST-ZIP  TITLE	g D	\$5.00 May Bo Added to Fees	FI FI	Orida Department of CERS AND DIRECTORS Change Change	State IN 10 Addition Addition
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	MR GARCIA, 2511 BR KISSIMM MRS GARCIA, 2511 BR KISSIMM MS. SOTO, R 6100 OLI ORLAND MRS OLSEN, 992 B E.	OFFICERS AND DIR  DANNY I OOKSTONE DR.  KATHRYN J OOKSTONE DR  MEE, FL 34744  ROSALIE EANDER DR  DO, FL 32807  GINETTE MICHIGAN ST.	9. Election Carr Trust Fund C  ECTORS  Delete  Delete	Inpaign Financing Ontribution.  11.  TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES STREET ADDRES	g D	\$5.00 May Bo Added to Fees	FI FI	Orida Department of CERS AND DIRECTORS Change Change	State IN 10 Addition Addition Addition
TO.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	MR GARCIA, 2511 BR KISSIMM MRS GARCIA, 2511 BR KISSIMM MS. SOTO, R 6100 OLI ORLAND MRS OLSEN, 992 B E. OLANDO MS ROSA, E	OFFICERS AND DIR  OFFICERS AND DIR  DANNY I OOKSTONE DR.  MEE, FL 34744  KATHRYN J OOKSTONE DR  MEE, FL 34744  ROSALIE EANDER DR DO, FL 32807  GINETTE MICHIGAN ST. D, FL 32806	9. Election Carr Trust Fund C  ECTORS  Delete  Delete	Inpaign Financing Ontribution.  11,  TITLE NAME STREET ADDRES CITY-ST-ZIP  TITLE NAME TREET ADDRES CITY-ST-ZIP  TITLE NAME TREET ADDRES CITY-ST-ZIP  TITLE NAME	g	\$5.00 May Bo Added to Fees	FI FI	CERS AND DIRECTORS Change Change	State IN 10 Addition Addition Addition
TO.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE	MR GARCIA, 2511 BR KISSIMM MRS GARCIA, 2511 BR KISSIMM MS. SOTO, R 6100 OLI ORLAND MRS OLSEN, 992 B E. OLANDO MS ROSA, E PO BOX	OFFICERS AND DIR  OFFICERS AND DIR  DANNY I OOKSTONE DR.  MEE, FL 34744  KATHRYN J OOKSTONE DR  MEE, FL 34744  ROSALIE EANDER DR DO, FL 32807  GINETTE MICHIGAN ST. D, FL 32806	9. Election Carr Trust Fund C  ECTORS  Delete  Delete	Inpaign Financing Ontribution.  11,  TITLE NAME STREET ADDRES CITY-ST-ZIP  TITLE NAME TITLE	g	\$5.00 May Bo Added to Fees	FI FI	CERS AND DIRECTORS Change Change	State IN 10 Addition Addition Addition
TO.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	MR GARCIA, 2511 BR KISSIMM MRS GARCIA, 2511 BR KISSIMM MS. SOTO, R 6100 OLI ORLAND MRS OLSEN, 992 B E. OLANDO MS ROSA, E PO BOX	OFFICERS AND DIR  OFFICERS AND DIR  DANNY I OOKSTONE DR.  MEE, FL 34744  KATHRYN J OOKSTONE DR  MEE, FL 34744  ROSALIE EANDER DR DO, FL 32807  GINETTE MICHIGAN ST. D, FL 32806	9. Election Carr Trust Fund C  ECTORS  Delete  Delete	Inpaign Financing Ontribution.  11,  TITLE NAME STREET ADDRES CITY-ST-ZIP  TITLE NAME STREET ADDRES STREET ADDRES STREET ADDRES	g	\$5.00 May Bo Added to Fees	FI FI	CERS AND DIRECTORS Change Change	State IN 10 P Addition Addition Addition Addition
TO.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MR GARCIA, 2511 BR KISSIMM MRS GARCIA, 2511 BR KISSIMM MS. SOTO, R 6100 OLI ORLAND MRS OLSEN, 992 B E. OLANDO MS ROSA, E PO BOX ORLAND MS SOLA, A	OFFICERS AND DIR  OFFICERS AND DIR  DANNY I OOKSTONE DR.  MEE, FL 34744  KATHRYN J OOKSTONE DR  MEE, FL 34744  ROSALIE EANDER DR DO, FL 32807  GINETTE MICHIGAN ST. D, FL 32806  ENID 3028 DO, FL 32802  NGIE	9. Election Carr Trust Fund C  ECTORS  Detete  Delete  Delete	Inpaign Financing Ontribution.  11,  TITLE NAME STREET ADDRES CITY-ST-ZP  TITLE NAME	g	\$5.00 May Bo Added to Fees	FI FI	CERS AND DIRECTORS Change Change Change Change	State IN 10 P Addition Addition Addition Addition
TO.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR GARCIA, 2511 BR KISSIMM MRS GARCIA, 2511 BR KISSIMM MS. SOTO, R 6100 OLI ORLAND MRS OLSEN, 992 B E. OLANDO MS ROSA, E PO BOX ORLAND MS SOLA, A PO BOX	OFFICERS AND DIR  OFFICERS AND DIR  DANNY I OOKSTONE DR.  MEE, FL 34744  KATHRYN J OOKSTONE DR  MEE, FL 34744  ROSALIE EANDER DR DO, FL 32807  GINETTE MICHIGAN ST. D, FL 32806  ENID 3028 DO, FL 32802  NGIE	9. Election Carr Trust Fund C  ECTORS  Detete  Delete  Delete	Inpaign Financing Ontribution.  11,  TITLE NAME STREET ADDRES CITY-ST-ZIP  TITLE	g	\$5.00 May Bo Added to Fees	FI FI	CERS AND DIRECTORS Change Change Change Change	State IN 10 P Addition Addition Addition Addition

12. Thereby certify that the information supplied with this filing does not quality for the exemptions contained 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 signature shall have the same legal effect as if made under cath; 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

PRil 28, 2008

Daytime Phone #