


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-22-2008 90017 006 ****61.25

DOCUMENT # N02000000828	
1. Entity Name HISPANIC RESOURCE LINK INC.	

Principal Place of Business 12803 DOWNSTREAM CIRCLE ORLANDO, FL 32828	Mailing Address 12803 DOWNSTREAM CIRCLE. ORLANDO, FL 32828
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60043345



2. Principal Place of Business - No P.O. Box # 6565 HAZELTINE NATIONAL DRIVE	3. Mailing Address 2511 Brookstone DR
Suite, Apt. #, etc. SUITE #1	Suite, Apt. #, etc. #
City & State ORLANDO FL	City & State KISSIMMEE, FL
Zip 32822	Country USA
Zip 34744	Country USA

05052008 Chg-NP CR2E037 (12/06)

4. FEI Number 41-2027048	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GARCIA, KATHRYN 2511 BROOKSTONE DR KISSIMMEE, FL 34744	7. Name and Address of New Registered Agent Name Kathryn Garcia Street Address (P.O. Box Number is Not Acceptable) 2511 Brookstone DR City Kissimmee FL Zip Code 34744
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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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR GARCIA, DANNY I 2511 BROOKSTONE DR. KISSIMMEE, FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRS GARCIA, KATHRYN J 2511 BROOKSTONE DR KISSIMMEE, FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS. SOTO, ROSALIE 6100 OLEANDER DR ORLANDO, FL 32807 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRS OLSEN, GINETTE 992 B E. MICHIGAN ST. OLANDO, FL 32806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS ROSA, ENID PO BOX 3028 ORLANDO, FL 32802 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS SOLA, ANGIE PO BOX 10000 LAKE BUENA VISTA, FL 32830 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 28, 2008