## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000000828

Entity Name: HISPANIC RESOURCE LINK INC.

FILED Jun 09, 2009 Secretary of State

| Current Principal Place of Business:   |  | New Principal Place of Business:                            |  |
|--|--|---|--|
| 6565 HAZELTINE NATIONAL DRIVE<br>SUITE #1<br>ORLANDO, FL 32822   |  | 6565 HAZELTINE NATIONAL DR<br>SUITE #1<br>ORLANDO, FL 32822 |  |
| Current Mailing Address:   |  | New Mailing Address:  |  |
|  | DKSTONE DR<br>E, FL 34744  |   |  |
| FEI Number: 41-2027048 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Name and Address of Current Registered Agent:  Name and Address of New Registered Agent: |  |   |  |
| GARCIA, K.<br>2511 BROC<br>KISSIMMEE<br>The above I  | ATHRYN DKSTONE DR E, FL 34744 US named entity submits this statement for the purpose o |   |  |
| in the State   |  |   |  |
| SIGNATURE: Electronic Signature of Registered Agent  |  |   | Date   |
| OFFICERS AND DIRECTORS:  |  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:                |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | MR ( ) Delete<br>GARCIA, DANNY I<br>2511 BROOKSTONE DR.<br>KISSIMMEE, FL 34744         | Title:<br>Name:<br>Address:<br>City-St-Zip:                 | MR (X) Change ( ) Addition<br>GARCIA, DANNY I<br>2511 BROOKSTONE DR<br>KISSIMMEE, FL 34744           |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | MRS () Delete<br>GARCIA, KATHRYN J<br>2511 BROOKSTONE DR<br>KISSIMMEE, FL 34744        | Title:<br>Name:<br>Address:<br>City-St-Zip:                 | ()Change ()Addition  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | MS. () Delete<br>SOTO, ROSALIE<br>6100 OLEANDER DR<br>ORLANDO, FL 32807                | Title:<br>Name:<br>Address:<br>City-St-Zip:                 | MRS. (X) Change ( ) Addition<br>QUINONES, ROSALIE<br>6100 OLEANDER DR<br>ORLANDO, FL 32807           |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | MRS () Delete<br>OLSEN, GINETTE<br>992 B E. MICHIGAN ST.<br>OLANDO, FL 32806           | Title:<br>Name:<br>Address:<br>City-St-Zip:                 | MR (X) Change ( ) Addition<br>THOMPSON, KENTON<br>800 N. MANOLIA AVE SUITE 1700<br>ORLANDO, FL 32803 |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | MS () Delete<br>ROSA, ENID<br>PO BOX 3028<br>ORLANDO, FL 32802                         | Title:<br>Name:<br>Address:<br>City-St-Zip:                 | ()Change ()Addition  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | MS () Delete<br>SOLA, ANGIE<br>PO BOX 10000<br>LAKE BUENA VISTA, FL 32830              | Title:<br>Name:<br>Address:<br>City-St-Zip:                 | ()Change ()Addition  |

I hereby certify that the information supplied with this filing does not qualify 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 I GARCIA PRES 06/09/2009