## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P00000004194



## FILED Feb 28, 2007 8:00 am Secretary of State

1. Entity Nam EUROAIF	R LINK, CORP.						02-28-2007	90005 0	43 ***15	0.00		
Principal Plac 4350 S.W. 1 MIAMI, FL 3	31ST AVENUE	Mailing Address 4350 S.W. 131ST AVENUE MIAMI, FL 33175			ACOCAUUE							
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address										
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			02082007	Chg-P	CR2E0	34 (12/06)			
City & State		City & State	City & State			4. FEI Numb 65-097			— <del>— · ·</del>	plied For t Applicable		
Zip	Country	Zip	try		5. Certificate	of Status Desired		\$8.75 Addi Fee Required				
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name							
MORATA, JORGE L					Street Address (P.O. Box Number is Not Acceptable)							
MIAMI, FL	131ST AVENUE 33175					Cook rise as the recommend						
								FL	Zip Code	>		
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 writted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)												
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees												
10.	<del>,</del>	ID DIRECTORS	11.			ADDITIONS	CHANGES TO OFFI	CERS AND				
TITLE NAME	D ☐ Delete Ⅱ MORATA, JORGE L N				5	ORATA .	JORGE L.		Change	Addition		
STREET ADDRESS CITY-ST-ZIP	4350 S.W. 131ST AVENUE MIAMI, FL 33175		STRE		435	so sw	131th Ave.	ve				
TITLE	P Delete				MI	MIL FE	33174		☐ Change	Addition		
name Street address	MORATA, CHRISTINA 4350 SW 131 AVE		NAME STREE									
CITY-ST-ZIP	MIAMI, FL 33175			-ST-ZIP								
TITLE		☐ Delete	TITLE						Change	Addition		
NAME STREET ADDRESS			NAM! STRE	ET ADDRESS								
CITY-ST-ZIP			CITY	-ST-ZIP								
TITLE NAME		☐ Delete	TITLE						☐ Change	Addition :		
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CITY-ST-ZIP		☐ Delete	CITY-	- ST - ZIP					Change	Addition		
NAME		□ Datas	NAMI						criange			
STREET ADDRESS CITY-ST-ZIP			•	ET ADDRÆSS -ST-ZIP								
mue		☐ Delete	TITLE			<u> </u>	· · · · · · · · · · · · · · · · · · ·		Change	Addition		
NAME			NAME									
STREET ADDRESS CHY-ST-ZIP				ET ADDRESS -ST-ZIP						Ì		
12. I hereby	certify that the information supplied v	vith this filing does not qualify to	or the exe	emptions of	ontained	in Chapter 11	9, Horida Statutes. I	further cert	ify that the in	nformation or director		
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 607, 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 tike empowered.												
SIGNATURE: MUNUTA JORGE L. MORATA SAMETALA FOLIA /2002 786-8972722												

Daytime Phone #