


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91017 045 ***150.00

DOCUMENT # P00000012763 1. Entity Name X-LINK INTERNATIONAL CORP.	
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Principal Place of Business 1312 W. SUGARLAND HWY CLEWISTON, FL 33440	Mailing Address 1312 W. SUGARLAND HWY CLEWISTON, FL 33440
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number NOT APPLICABLE	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 STANTON, MATHEW JR 109 RIDGEWOOD AVE CLEWISTON, FL 33440
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIGNA, FRANCISCO 20423 STATE RPAD 7 WY BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANTON, MATTHEW JR 109 BRIDGEWOOD AVENUE CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHANAHAN, MICHAEL P.O. BOX 1071 ROUTE 1 CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 like empowered.

SIGNATURE: Michael Shanahan 1/8/04 (863) 983-8066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #