


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90015 003 \*\*\*158.75

<b>DOCUMENT # P00000063427</b>	
1. Entity Name <b>CABULL-LINK, INC.</b>	

Principal Place of Business <b>5639 S.W. SHORES AVE. ARCADIA FL 34266</b>	Mailing Address <b>5639 S.W. SHORES AVE. ARCADIA FL 34266</b>
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2. Principal Place of Business - No P.O. Box # <b>1690 SW Reynolds St.</b>	3. Mailing Address <b>1690 SW Reynolds St.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State <b>Arcadia, FL</b>	City & State <b>Arcadia FL</b>
Zip <b>34266</b>	Zip <b>34266</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>59-3652908</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>RODRIGUEZ, JUAN 5639 S.W. SHORES AVE. ARCADIA FL 34266</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
<b>1690 SW Reynolds St.</b>	
City <b>ARCADIA</b>	State <b>FL</b>
Zip Code <b>34266</b>	

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>D</b> <b>RODRIGUEZ, JUAN</b> <b>5639 S.W. SHORES AVE.</b> <b>ARCADIA FL 34266</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>S</b> <b>RODRIGUEZ, CLAUDIA B</b> <b>5639 SW SHORES AVE</b> <b>ARCADIA FL 34266</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>1690 SW Reynolds St.</b> <b>Arcadia, FL 34266</b>
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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:** Juan Rodriguez **2/4/08** **863-494-3891**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Mo Phone #