

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000098276

Entity Name: GLOBAL KNOWLEDGE LINK, INC.

FILED  
Feb 01, 2008  
Secretary of State

## Current Principal Place of Business:

3350 SW 148TH AVE  
110  
MIRAMAR, FL 33027

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 824093  
PEMBROKE PINES, FL 330824093

## New Mailing Address:

FEI Number: 65-1049537

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DE LA TORRE, ERNESTO  
2181 SW 176 AVE  
MIRAMAR, FL 33029 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DE LA TORRE, ERNESTO  
Address: 2181 SW 176 AVENUE  
City-St-Zip: MIRAMAR, FL 33029

Title: D ( ) Delete  
Name: DE LA TORRE, MARGARITA  
Address: 2181 SW 176 AVENUE  
City-St-Zip: MIRAMAR, FL 33029

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERNESTO DE LA TORRE

D

02/01/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date