

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000102780

Entity Name: A PLUS LINK, INC.

FILED
Jan 06, 2008
Secretary of State

Current Principal Place of Business:

8603 NW 192ND LN
MIAMI, FL 33015

New Principal Place of Business:

Current Mailing Address:

8603 NW 192ND LN
MIAMI, FL 33015

New Mailing Address:

FEI Number: 65-1073268

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PENA, PABLO L
8603 NW 192ND LN
MIAMI, FL 33015 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: PD () Delete
Name: PENA, PABLO L
Address: 17994 SW 137 PL
City-St-Zip: MIAMI, FL 33177

Title: VP () Delete
Name: MANUEL, CASSOLA
Address: 8603 NW 192ND LN
City-St-Zip: MIAMI, FL 33015

Title: VP () Delete
Name: LIVAN, SANCHEZ
Address: 5600 COLLINS AVE APT 11-D
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MANUEL CASSOLA

VP

01/06/2008

Electronic Signature of Signing Officer or Director

Date