

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90075 032 \*\*\*150.00

**DOCUMENT # P01000006725**

1. Entity Name

LINK AUDIO AND VIDEO INC.



Principal Place of Business

12310 51ST COURT NORTH  
ROYAL PALM BEACH FL 33411

Mailing Address

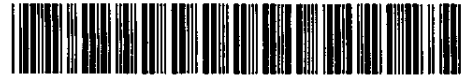
12310 51ST COURT NORTH  
ROYAL PALM BEACH FL 33411

2. Principal Place of Business

12310 51st Ct North  
Suite, Apt. #, etc.

3. Mailing Address

12310 51st Ct N  
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

ROYAL P. BEACH FL

City & State

ROYAL PALM BEACH FL

4. FEI Number

65-1067310

Applied For

Not Applicable

Zip

33411

Country

Palm Beach

Zip

33411

Country

Palm Beach

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREDA, ENRIQUE  
12310 51ST COURT NORTH  
ROYAL PALM BEACH FL 33411

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

*Pereda Enrique*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

03/30/04

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME PEREDA, ENRIQUE  
STREET ADDRESS 12310 51ST COURT NORTH  
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Pereda Enrique*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03/30/04

Daytime Phone #

(954) 8189437