2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jun 24, 2004 8:00 am Secretary of State **DOCUMENT # P01000037730** 1. Entity Name 06-24-2004 90079 025 ***550.00 WORLD TRADE LINKERS GROUP CORP. Principal Place of Business -Mailing Address 1040 NW 47 AVENUE 1040 NW 47 AVENUE PLANTATION, FL 33314 PLANTATION, FL 33314 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05102004 ·Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-1093894 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required - 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) SHAHANA, SULTANA **3750 SW 59 TERRACE DAVIE, FL 33314** 11060 CAMROON COURT City DAVIE Zip Code 33 324 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. Wisma (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Due by September 8, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. VD TITLE TITLE ☐ Delete Change ☐ Addition NASIR, NASIR NAME NAME NASIR NASIR 7830 NW 33-STREET STREET ADDRESS 11060 CAMROON CT #201 DAVIE, FL- 33324 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE, FL 33024 SECRETARY **Addition** TITI F Delete Change TITLE SULTANA, SHAHANA SHAHRIAR S HASAN 3224 NW 84th AU #231 NAME NAME STREET ADDRESS 3750 SW 59 TERRACE STREET ADDRESS SUNRISE , FL- 33351 **DAVIE, FL 33314** CITY-ST-ZIP CITY-ST-ZIF - □ Delete TITLE ☐ Change . Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

NASIR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED