

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90017 012 ***150.00

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1. Entity Name

CARILINK INTERNATIONAL, INC.



Principal Place of Business

9550 BAY HARBOR TERR
#215
BAY HARBOR FL 33154

Mailing Address

9550 BAY HARBOR TERR
#215
BAY HARBOR FL 33154

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-5313471

Applied For

Not Applicable

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

GITMAN, JACOB
1111 KANE CONCOIRSE #518
BAL HARBOR FL 33154

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE P ☐ Delete

NAME GITMAN, JACOB
STREET ADDRESS 1111 KANE CONCOIRSE #518
CITY-ST-ZIP BAL HARBOR FL 33154

TITLE VP ☒ Delete

NAME GERTON, DONFRED
STREET ADDRESS 9550 BAY HARBOR TERR
CITY-ST-ZIP BAY HARBOR FL 33154

TITLE VP ☐ Delete

NAME GITMAN, EILISA
STREET ADDRESS 1111 KANE CONCOIRSE #518
CITY-ST-ZIP BAL HARBOR FL 33154

TITLE VPMG ☐ Delete

NAME AYOUB, HANY
STREET ADDRESS 9550 BAY HARBOR TERR
CITY-ST-ZIP BAY HARBOR FL 33154

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-867-1228

GITMAN, Jacob 02.26.04