


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000078318 1. Entity Name GLOBAL LINK TRAINING & CONSULTING, INC.	
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Principal Place of Business 7933 NW 53RD STREET MIAMI, FL 33166	Mailing Address 7933 NW 53RD STREET MIAMI, FL 33166
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DO NOT WRITE IN THIS SPACE



04132004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1132181	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GUARISMA, JOSE JR 7933 NW 53RD STREET MIAMI, FL 33166
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**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	DATE _____
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**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. <input type="checkbox"/> Campaign Financing and Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUARISMA, JOSE JR 7933 NW 53RD STREET MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUARISMA-ALVAREZ, JOSE 7933 NW 53RD STREET MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SANCHEZ, BASILIO 7933 NW 53RD STREET MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/27/04-80028-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing is true and correct, and that the information indicated on this report or supplemental report is true and correct, 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 exchange, or on an attachment with an address, with all other officers, directors, and persons in control of the corporation, and that my name appears in Block 10 or Block 11 if applicable.

SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR</small>	04/11/04 <small>Date</small>	<small>Daytime Phone #</small>
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