

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000078352 1. Entity Name JET LINK TURBINES, INC.		 FILED 03-13-2008 90028 013 ***150.00 2008 MAR 31 AM 7:04 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1st MOORE CR2E034 (10/07)	
2. Principal Place of Business 11 S.E. 4TH AVE DELRAY BEACH FL 33483		3. Mailing Address 11 S.E. 4TH AVE DELRAY BEACH FL 33483	
2. Principal Place of Business - No P.O. Box # 878 E. PALMETTO PARK RD.		3. Mailing Address 878 E. PALMETTO PARK RD.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State BOCA RATON, FL		City & State BOCA RATON, FL	
Zip 33432		Zip 33432	
Country 		Country 	
4. FEI Number 65-1149261		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUBIAK, DON. 11 S.E. 4TH AVE DELRAY BEACH FL 33483 878 E. PALMETTO PARK RD. BOCA RATON, FL 33432		7. Name and Address of New Registered Agent 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 officer or director		DATE MARCH 3, 2008	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May I Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE ☐ Delete NAME MURRAY, CHRISTINE STREET ADDRESS 11 S.E. 4TH AVE CITY-ST-ZIP DELRAY BEACH FL 33483		TITLE ☒ Change ☐ Add NAME TREASURER STREET ADDRESS MURRAY, CHRISTINE CITY-ST-ZIP 350 N.E. 8th AVE. DELRAY BEACH, FL 33483	
TITLE ☐ Delete NAME PRESIDENT STREET ADDRESS DON HUBIAK CITY-ST-ZIP 878 E. PALMETTO PARK RD. BOCA RATON, FL 33432		TITLE ☐ Change ☐ Add NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Add NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Add NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Add NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Add NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 employment.			
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE MARCH 3, 2008	