2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000106379 1. Entity Name CRYSTAL LINK COMMUNICATIONS, INC.						Feb 11, 2 Secre	2005 08:0 tary of St	0 AM ate	
Principal Plac	e of Business	Mailing	Address						
2665 MIDDLE RIVER DRIVE		_	PO BOX 66-8642						
UNIT 1 MIA			MIAMI FL 33166						
FORT LAUL	DERDALE FL 33306-1433	~		-	1100		IIII IIIII MMIIM MIIMM ERER I et er		
2 Principal P	Place of Business	3 Maili	ng Address		-				
2. Philospan face of Dusiness		S. Maining Products			[H				
Suite, Apt. #, etc.		_ Suite	Suite, Apt. #, etc.		 	st MOORE C	R2E034 (10/04)		
City & State		City & State		4. FEI Numb	65-1105163	 	Applied For Not Applicable		
Zip	Country Zip Co		Country	5. Certificat	e of Status Desired	□ \$8.75 A			
							Fee Requir	ed	
	6. Name and Address of Curi	ent Registere	Agent	Name	r. ivame an	d Address of New Re	Aroresen whent		
SPIEGEL & UTRERA, P.A.									
1840 SW 22ND ST.				Street Address	Street Address (P.O. Box Number is Not Acceptable)				
4TH FLOOR MIAMI FL 33145									
MIA	IVII FL 33145			City			E1 Zip Co	de	
8. The above the obligat	named entity submits this stateme tions of registered agent.	nt for the purpe	ose of changing its	registered office or regist	ered agent, or b	oth, in the State of Flori	da. Tam tamiliar Wil	i, and accept	
SIGNATURE	Signature, typed or printed name of registered	agent and title if appl	cable (NOTS	Registered Agent signature require	red when reinstaling)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					Election Campals Trust Fund Contr		.00 May Be ded to Fees		
10.	OFFICERS A	AND DIRECTO	RS	11.	ADDITIONS	CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 11	
THILE	Р		Delete	TITLE		UNAGARAA	☐ Change	☐ Addition	
NAME	CRUZ, ANNA			NAME		U00000229 02/11/05-800	ექნა ინნ_მივ ქნი	വ	
STREET ADDRESS	4998 NW 72 AVE #301	•	:	STREET ADDRESS CITY ST. ZIP		02/11/05-000	135-005 130.	IJU	
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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 of 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 TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-00 365(477-

FILED