
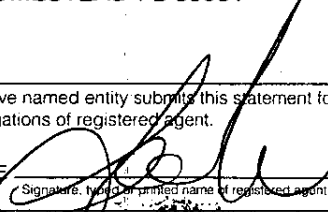
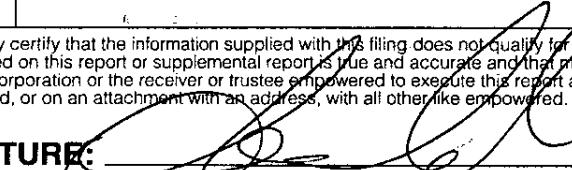


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 27, 2004 8:00 am**  
**Secretary of State**

05-27-2004 90016 022 \*\*\*150.00

<b>DOCUMENT # P02000083098</b>			
1. Entity Name <b>PAPER LINKS, INC.</b>			
Principal Place of Business <b>21251 SW 244TH STREET HOMESTEAD FL 33031</b>		Mailing Address <b>21251 SW 244TH STREET HOMESTEAD FL 33031</b>	
2. Principal Place of Business		3. Mailing Address <b>8338 N.W. 7th #174</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>#174</b>	
City & State		City & State <b>Miami, FL</b>	
Zip	Country	Zip	Country
<b>33126</b>		<b>33126</b>	
6. Name and Address of Current Registered Agent  <b>RODRIGUEZ, SONIA 21251 SW 244TH STREET HOMESTEAD FL 33031</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 		DATE <b>4-28-04</b>	
(Signature, typed or printed name of registered agent and title if applicable.)		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEES \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, SONIA 21251 SW 244TH STREET HOMESTEAD FL 33031 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		04-28-04 796-355-1312	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	