

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90067 003 ***150.00

DOCUMENT # P02000083098

1. Entity Name

PAPER LINKS, INC.



Principal Place of Business

21251 SW 244TH STREET
HOMESTEAD FL 33031

Mailing Address

8338 NWD 7 ST #174
MIAMI FL 33126

2. Principal Place of Business

8338 N.W. 7 St #174

3. Mailing Address

8338 N.W. 7 St.

Suite, Apt. #, etc.

#174

Suite, Apt. #, etc.

#174

City & State

Miami Florida

City & State

Miami Florida

Zip

33126

Country

USA

Zip

33126

Country

USA

1st MOORE

CR2E034 (10/04)

4. FEI Number

16-1620022

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, SONIA
21251 SW 244TH STREET
HOMESTEAD FL 33031

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

8338 N.W. 7 St #174

City

Miami

FL

Zip Code

33126

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-25-05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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 PD ☐ Delete
NAME RODRIGUEZ, SONIA
STREET ADDRESS 21251 SW 244TH STREET
CITY-ST-ZIP HOMESTEAD FL 33031

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 8338 N.W. 7 St #174
CITY-ST-ZIP Miami, FL 33126

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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] Sonia Rodriguez

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

2-25-05 786-355-1312

Daytime Phone #