


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 15, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000119048  
 1. Corpn Name  
 EL SALVADOR LINK, CORP.



Principal Place of Business      Mailing Address  
 13388 SW 114 TERRACE      PO BOX 226844  
 MIAMI, FL 33186      MIAMI, FL 33122

**DO NOT WRITE IN THIS SPACE**



01092004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Added For  
 54-2081706      Not Added

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BARILLAS, FEDERICO  
 13388 SW 114 TERRACE  
 MIAMI, FL 33186

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FGIGUEROA, CECILIA M 10141 NW 51 LANE MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BARILLAS, FEDERICO 13388 SW 114 TERRACE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BARILLAS, CARLOS 13388 SW 114 TERRACE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FIGUEROA, OSCAR 10141 NW 51ST LANE MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000004248  
 01/15/04-80004-002 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 affidavit as required by the empowered.

SIGNATURE: Federico Barillas      1/9/2004  
 SIGNATURE AND TYPE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR