2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State
05-01-2008 90218 047 ***158.75

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DOCUMENT # P03000052940

1. Entity Name
TACHI GLOBAL LINK CORP

Principal Place of Business	Mailing Address
6160 WILES RD 205 CORAL SPRINGS, FL 33067	6160 WILES RD 205 CORAL SPRINGS, FL 33067

04292008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5176 STAGECOACH DR	5176 STAGECOACH DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: COCONUT CREEK-FL	City & State: COCONUT CREEK-FL
Zip: 33073 Country: USA	Zip: 33073 Country: USA

4. FEI Number 33-1058959 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LANDA, JOSE M
6160 WILES RD, APT 205
CORAL SPRINGS, FL 33067

7. Name and Address of New Registered Agent

Name: LANDA JOSE M
Street Address (P.O. Box Number is Not Acceptable): 5176 STAGECOACH DR.
COCONUT CREEK
City FL Zip Code 33073

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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANDA, JOSE M 3754 WOODFIELD DR. COCONUT CREEK, FL 33073 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANDA JOSE M. 5176 STAGECOACH DR. COCONUT CREEK FL 33073 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 empowered.

SIGNATURE: Jose Miguel 04/25/08 954-6840187

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #