

2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 03, 2009
Secretary of State**

DOCUMENT# P04000048077

Entity Name: MONICA LINK, P.A.

Current Principal Place of Business:

21205 YACHT CIR DR, # 1104
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

21205 YACHT CIR DR, # 1104
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 55-0859899 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINK, MONICA
21205 YACHT CIR DR, # 1104
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: LINK, MONICA
Address: 21205 YACHT CIR DR, # 1104
City-St-Zip: AVENTURA, FL 33180

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PSD () Change (X) Addition
Name: MONICA, LINK
Address: 21205 YACHT CLUB DRIVE #1104
City-St-Zip: AVENTURA, FL 33180

Title: PSD () Change (X) Addition
Name: MONICA, LINK
Address: 21205 YACHT CLUB DRIVE #1104
City-St-Zip: AVENTURA, FL 33180

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City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONICA LINK

Electronic Signature of Signing Officer or Director

MRS

02/03/2009

_____ Date