

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000048077

FILED  
Jan 06, 2012  
Secretary of State

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

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MONICA LINK

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

PRES

01/06/2012

\_\_\_\_\_ Date