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Secretary of State

04-13-2005 90048 023 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000060765

1. Entity Name
ALPHA LINK SERVICE CORP.

66016509

Principal Place of Business	Mailing Address
110 S MANHATTAN AVE 49 TAMPA FL 33609	110 S MANHATTAN AVE 49 TAMPA FL 33609
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04092005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0984854 — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OSORIO, JOSE O 6731 CAVACADE DR BUILDING 50 TAMPA, FL 33814	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, 2005 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	P	TITLE	P [X] Change [ ] Addition
NAME	PATINO, FABIO [ ] Delete	NAME	Patino,Fabio
STREET ADDRESS	110 S MANHATTAN APT 49	STREET ADDRESS	3303 W Union St
CITY-ST-ZIP	TAMPA, FL 33609	CITY-ST-ZIP	Tampa,Fl,33607
TITLE	VP	TITLE	VP [X] Change [ ] Addition
NAME	MARIN, FRANCY M [ ] Delete	NAME	Marin,Francy M
STREET ADDRESS	110 S MANHATTAN APT 49	STREET ADDRESS	3303 W Union St
CITY-ST-ZIP	TAMPA, FL 33609	CITY-ST-ZIP	Tampa,Fl,33607
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: FABIO Patino 04-09-2005 813-350-0925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #