

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90131 011 \*\*\*158.75

**DOCUMENT # P04000060765**

1. Entity Name  
**ALPHA LINK SERVICE CORP.**



Principal Place of Business

**110 S MANHATTAN AVE  
49  
TAMPA, FL 33609**

Mailing Address

**110 S MANHATTAN AVE  
49  
TAMPA, FL 33609**

2. Principal Place of Business

**3303 W Union St**

3. Mailing Address

**3303 W Union St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Tampa, FL**

City & State  
**Tampa, FL**

02202006 Chg-P CR2E034 (11/05)

4. FEI Number  
**20-0984854**

☒ Applied For  
☐ Not Applicable

Zip  
**33607**

Country  
**U.S.A.**

Zip  
**33607**

Country  
**U.S.A.**

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

6. Name and Address of Current Registered Agent

**OSORIO, JOSE O  
6731 CAVACADE DR  
BUILDING 50  
TAMPA, FL 33614**

7. Name and Address of New Registered Agent

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	<b>PATINO, FABIO</b>	
STREET ADDRESS	<b>3303 W UNION STREET</b>	
CITY - ST - ZIP	<b>TAMPA, FL 33607</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>MARIN, FRANCY M</b>	
STREET ADDRESS	<b>3303 W UNION STREET</b>	
CITY - ST - ZIP	<b>TAMPA, FL 33607</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/11/06