


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90165 013 \*\*\*150.00

<b>DOCUMENT # P05000003822</b> 1. Entity Name <b>LYNK INVESTORS, INCORPORATED</b>					
Principal Place of Business <b>18920 SW 311 STREET HOMESTEAD, FL 33033</b>				Mailing Address <b>18920 SW 311 STREET HOMESTEAD, FL 33033</b>	
2. Principal Place of Business <b>9230 N.E 2nd Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>9230 N.E 2nd Ave</b> Suite, Apt. #, etc.			
City & State <b>Miami Shores FL</b>		City & State <b>Miami Shores FL</b>		4. FEI Number <b>20-2373586</b>	
Zip <b>33138</b>		Country <b>Dade</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>Ricardo L. Carmona P.A. 2601 S. Bayshore Dr #400 Coconut Grove FL 33133</b>		7. Name and Address of New Registered Agent Name <b>Flora Rodriguez</b> Street Address (P.O. Box Number is Not Acceptable) <b>706 BAHAMAS AVE S.</b> City <b>Lehigh Acres</b> FL Zip Code <b>33971</b>			
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 <b>Flora Rodriguez</b> (NOTE: Registered Agent signature required when resigning) DATE <b>4/24/06</b>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS CASTILLOO, LIDIA 45-55 NW 8TH STREET, STE 103 HOMESTEAD, FL 33030</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>U.P. Joseph P. Bouino 9230 N.E 2nd Ave Miami Shores, FL 33138</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT RODRIGUEZ, PEDRO A 45-55 NW 8 STREET SUITE 103 HOMESTEAD, FL 33030</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP RODRIGUEZ, PEDRO 12966 SW 133 CT STE A MIAMI, FL 33186</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <b>[Signature]</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>4/24/06</b> Daytime Phone #		