

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90237 049 \*\*\*150.00

**DOCUMENT # P05000059437**

1. Entity Name  
**SPEECH LINKS, INC.**



Principal Place of Business

**15132 SW 104 ST 213  
MIAMI, FL 33196**

Mailing Address

**15132 SW 104 ST 213  
MIAMI, FL 33196**

2. Principal Place of Business

**2440 SW 79th Court**

3. Mailing Address

**2440 SW 79th Court**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miami, Florida**

City & State

**Miami, Florida**

Zip

**33155**

Country

**U.S.A.**

Zip

**33155**

Country

**U.S.A.**

04052006

Chg-P

CR2E034 (11/05)

4. FEI Number

**20-2743838**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SEDDA, MELISSA  
15132 SW 104 ST 213  
MIAMI, FL 33196**

7. Name and Address of New Registered Agent

Name **Sedda, Melissa**  
Street Address (P.O. Box Number is Not Acceptable)  
**2440 SW 79th Court**  
City **Miami** FL Zip Code **33155**

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

**Melissa Sedda MELISSA SEDDA**

(NOTE: Registered Agent signature required when reinstating)

**4-26-06**

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	D	<input type="checkbox"/> Delete
NAME	<b>SEDDA, MELISSA</b>	
STREET ADDRESS	<b>15132 SW 104 ST 213</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33196</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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEDDA, MELISSA</b>	
STREET ADDRESS	<b>2440 SW 79th Court</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33155</b>	
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
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:

**Melissa Sedda MELISSA SEDDA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-26-06**

Date

**786-205-1285**

Daytime Phone #