

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000058911

FILED
May 18, 2007
Secretary of State

Entity Name: AIR LINK INTERNATIONAL, CORP.

Current Principal Place of Business:

8050 NW 64TH STREET BAY 4
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

8050 NW 64TH STREET BAY 4
MIAMI, FL 33166

New Mailing Address:

P.O. BOX 668033
MIAMI, FL 33166

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUEVARA, GERMAN
8050 NW 64TH STREET BAY 4
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

DUARTE, ARNULFO
8050 NW 64TH STREET BAY 4
MIAMI, FL 33166 US

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: ARNULFO DUARTE

05/18/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOPEZ, ANNY C
Address: 8050 NW 64TH STREET BAY 4
City-St-Zip: MIAMI, FL 33166

Title: V () Delete
Name: GUEVARA, GERMAN
Address: 8050 NW 64TH STREET BAY 4
City-St-Zip: MIAMI, FL 33166

Title: S (X) Delete
Name: DUARTE, ARNULFO
Address: 8050 NW 64TH STREET BAY 4
City-St-Zip: MIAMI, FL 33166

Title: T (X) Delete
Name: COLMENARES, ARTURO
Address: 8050 NW 64TH STREET BAY 4
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: DUARTE, ARNULFO
Address: 8050 NW 64TH STREET BAY 4
City-St-Zip: MIAMI, FL 33166

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ARNULFO DUARTE

PSD

05/18/2007

Electronic Signature of Signing Officer or Director

Date