FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P10 000008354

1. Entity Name

AMERICAN BUSINESS LINKS, CORPORATION

For Office Use Only

DO NOT WRITE IN THIS SPACE

FILED

11 MAY 12 PM 4: 39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business - No P.O. Box #   3. Mailing Address

3956 Town Center Blvd   3516 Bent Wood Dr

Suite, Apt. #, etc.   Suite, Apt. #, etc.
Ste. 217

CR2E034B (1/11)

City & State   City & State
Orlando   FL   Kissimmee, FL

Zip   Country   Zip   Country
32837   USA   34741   USA

4. FEI Number   Applied For
                                       Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional
                                       Fee Required

7. Name and Address of Current Registered Agent

Name   AXEL LOPEZ

Street Address (P.O. Box Number is Not Acceptable)
3516 Bent Wood Dr

City Kissimmee   FL   Zip Code 34741

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 _____   4-30-11
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when re instating)   DATE

January 1 - May 1 Fee is $150.00.
After May 1, Fee is $550.00.
Amended AR is $61.25
Make Check Payable to Florida Department of State.

9. Election Campaign Financing ☐ $5.00 May Be
   Trust Fund Contribution.   Added to Fees

E-mail Address:
axelglopez@gmail.com
E-mail address to be used for future annual report notices.

10.   OFFICERS AND DIRECTORS

TITLE	AXEL LOPEZ / President / CEO
NAME	
STREET ADDRESS	3956 Town Center Blvd Ste 217
CITY-ST-ZIP	Orlando, FL 32837
TITLE	EVANA LOPEZ / VP
NAME	
STREET ADDRESS	3956 Town Center Blvd Ste 217
CITY-ST-ZIP	Orlando FL 32837
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: _____   4-30-11
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   DATE   Daytime Phone #