

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90146 020 \*\*\*158.75

0304297 AV

**DOCUMENT # P93000072054**

1. Entity Name  
**SOFILINK INCORPORATED**



Principal Place of Business  
**11101 NW 43RD LANE  
MIAMI FL 33178  
US**

Mailing Address  
**11101 NW 43RD LANE  
MIAMI FL 33178  
US**

2. Principal Place of Business  
**2731 N.W 130th Terrace**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O BOX 668156**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**Miramar Florida**

City & State  
**Miami Florida**

4. FEI Number  
**65-0442480**

Applied For  
☐ Not Applicable

Zip  
**33027**

Country  
**USA**

Zip  
**33166**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUILLEN, ISIDRO**  
**11101 NW 43RD LANE**  
**MIAMI FL 33178**

Name  
**Guillen Isidro**

Street Address (P.O. Box Number is Not Acceptable)  
**2731 NW 130th Terrace**

City  
**Miramar**

**FL**

Zip Code  
**33027**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**GUILLEN, ISDRO** ☐ Delete  
**11101 NW 43RD LANE**  
**MIAMI FL 33178**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**Guillen Isidro** ☒ Change ☐ Addition  
**2731 N.W 130th Terrace**  
**Miramar FL 33027**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V**  
**GUILLEN, RAIZA E** ☐ Delete  
**11101 NW 43RD LANE**  
**MIAMI FL 33178**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V**  
**Guillen, Raiza E.** ☒ Change ☐ Addition  
**2731 N.W 130th Terrace**  
**Miramar FL 33027**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Raiza E. Guillen*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/03**  
Date

**(786) 493 1213**  
Daytime Phone #

CR2E034 (10/02)