
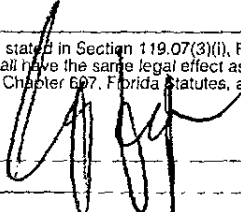


# 2005 FQR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000002278</b> 1. Entity Name LINDA INTERNATIONAL PUBLISHING, INC.		
Principal Place of Business 12182 SW 128 ST MIAMI, FL 33186	Mailing Address 9830 SW 125TH AVENUE MIAMI, FL 33186	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
<div style="text-align: right;">           04262005    No Chg-P    CR2E034 (10/03)         </div>		
4. FEI Number 65-0458265		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  CAMPELLO, UGO R 9830 SW 125 AVE MIAMI, FL 33186		
<h2>DO NOT WRITE IN THIS SPACE</h2>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE	D	
NAME	CAMPELLO, UGO R	
STREET ADDRESS	9830 SW 125 AVE	
CITY - ST - ZIP	MIAMI, FL 33186	
TITLE	D	
NAME	CAMPELLO, VALERIA	
STREET ADDRESS	9830 SW 125 AVE	
CITY - ST - ZIP	MIAMI, FL 33176	
TITLE	D	
NAME	NINO, JOSE A	
STREET ADDRESS	13359 SW 117TH LN	
CITY - ST - ZIP	MIAMI, FL 33186	
TITLE	D	
NAME	NINO, MARGARITA	
STREET ADDRESS	13359 SW 117TH LN	
CITY - ST - ZIP	MIAMI, FL 33186	
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 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: <u>UGO CAMPELLO</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
		Date <u>4/27/05</u>
		Daytime Phone # _____

U00000344668  
04/30/05-80005-004 150.00

**DO NOT WRITE  
IN THIS SPACE**