

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000002942

1. Entity Name
LINK-CABLE INC.



Principal Place of Business
3131 N.W. 43RD ST.
LAUDERDALE LAKES, FL 33309

Mailing Address
3131 NW 43 STREET
LAUDERDALE LAKES, FL 33309 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03302004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0460028

Applied For

Not Applicable

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

PEARSON, LEONARD
3131 N.W. 43RD ST.
LAUDERDALE LAKES, FL 33309

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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 P
NAME PEARSON, LEONARD
STREET ADDRESS 3131 N.W. 43RD ST.
CITY-ST-ZIP LAUDERDALE LAKES, FL 33309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200033724042
04/23/04--01025--001 **150.00

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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: Leonard Pearson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-04 (954) 746-5011

FILED

04 APR 22 PM 2:06

SECRETARY OF STATE
TALLAHASSEE FLORIDA

