## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 08, 2007 08:00 AM DOCUMENT # P96000081893 **Secretary of State** LINUS INTERNATIONAL, INC. Principal Place of Business Mailing Address 5803 NORTH ARMENIA AVE. P.O. BOX 152666 **TAMPA, FL 33603** TAMPA, FL 33684 01052007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3412598 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HERNANDEZ, JORGE DO NOT WRITE 5803 NORTH ARMENIA AVE **TAMPA, FL 33603** IN THIS SPACE 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 ₿Į. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE HERNANDEZ, JORGE STREET ADDRESS 5803 NORTH ARMENIA AVE. CITY-ST-ZIP U00000578322 TAMPA, FL 33603 01/09/07-80024-014 150.00 TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 Block 11 if changed, or on an attachment with an application with an application of the receiver of the changed.

SIGNATURE:

CITY-ST-ZIP .

TITLE \*\*
NAME
STREET ADDRESS
CITY-ST-ZIP

TORGE HER

HERNANDEZ

01-08-07

(813) 870 3999

Daytime Phone #

**FILED**