

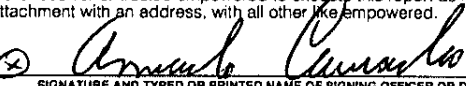


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90110 012 \*\*\*150.00

<b>DOCUMENT # P97000072702</b> 1. Entity Name <b>SOUTH FLORIDA CREDIT LINK INC.</b>					
Principal Place of Business <b>12500 S.W. 31ST STREET MIAMI, FL 33175</b>			Mailing Address <b>12500 S.W. 31ST STREET MIAMI, FL 33175</b>		
2. Principal Place of Business <b>1850 S.W. 122 Ave.</b>		3. Mailing Address <b>1850 S.W. 122 Ave</b>		  04142005    Chg-P    CR2E034 (10/03)	
Suite, Apt. #, etc. <b>Apt. 311</b>		Suite, Apt. #, etc. <b>Apt. 311</b>			
City & State <b>Miami, Florida</b>		City & State <b>Miami, Florida</b>			
Zip <b>33175</b>		Zip <b>33175</b>			
Country <b>USA</b>		Country <b>U.S.A.</b>		4. FEI Number <b>65-0774506</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>CAMACHO, ARMANDO A 12500 S.W. 31ST STREET MIAMI, FL 33175</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1850 S.W. 122 Avenue Apt 311</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33175</b>		
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 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CAMACHO, ARMANDO A <b>12500 S.W. 31ST STREET MIAMI, FL 33175</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>1850 S.W. 122 Ave. # 311 Miami, FL 33175</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CAMACHO, MARITZA <b>12500 S.W. 31ST STREET MIAMI, FL 33175</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>1850 S.W. 122 Ave # 311 Miami FL 33175</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SDT CAMACHO, ALLISON <b>12500 S.W. 31ST STREET MIAMI, FL 33175</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>1850 S.W. 122 Ave # 311 Miami FL 33175</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> 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:  <b>7/14/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					