

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000072702

FILED  
Aug 12, 2008  
Secretary of State

Entity Name: SOUTH FLORIDA CREDIT LINK INC.

**Current Principal Place of Business:**

654 NW 102ND PLACE  
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

654 NW 102ND PLACE  
MIAMI, FL 33172

**New Mailing Address:**

FEI Number: 65-0774506

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAMACHO, ARMANDO A  
1850 SW 122 AVE  
APT 311  
MIAMI, FL 33175 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CAMACHO, ARMANDO A  
Address: 654 NW 102ND PLACE  
City-St-Zip: MIAMI, FL 33172

Title: VD ( ) Delete  
Name: CAMACHO, MARITZA  
Address: 654 NW 102ND PLACE  
City-St-Zip: MIAMI, FL 33172

Title: SDT ( ) Delete  
Name: CAMACHO, ALLISON  
Address: 654 NW 102ND PLACE  
City-St-Zip: MIAMI, FL 33172

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARMANDO CAMACHO

PD

08/12/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date