2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000072702

Address:

City-St-Zip:

654 NW 102ND PLACE

MIAMI, FL 33172

Entity Name: SOUTH FLORIDA CREDIT LINK INC

FILED Jan 05, 2009 Secretary of State

Entity Nar	ne: South F	LORIDA CREDIT LINK INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
654 NW 10 MIAMI, FL	02ND PLACE 33172				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
654 NW 10 MIAMI, FL	02ND PLACE 33172				
FEI Number:	65-0774506	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
CAMACHO, ARMANDO A 1850 SW 122 AVE APT 311 MIAMI, FL 33175 US			654 NW 102ND PLAC	CAMACHO, ARMANDO A 654 NW 102ND PLACE MIAMI, FL 33172 US	
	named entity s of Florida.	submits this statement for the pu	rpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				01/05/2009	
Electronic Signature of Registered Agent			nt	Date	
Election Car	npaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () CAMACHO, ARI 654 NW 102ND MIAMI, FL 331	PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () CAMACHO, MA 654 NW 102ND MIAMI, FL 331	PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	SDT ()	Delete ISON	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: ARMANDO CAMACHO PD 01/05/2009