


FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90213 012 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000071783			
1. Entity Name COFFEE LINK INTERNATIONAL, INC.			
Principal Place of Business 975 CRANDON BLVD KEY BISCAVNE, FL 33149	Mailing Address 975 CRANDON BLVD KEY BISCAVNE, FL 33149		
DO NOT WRITE IN THIS SPACE		(P98000071783P)	
		04282006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0857940	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent RUTTIMANN, MARCO 975 CRANDON BLVD KEY BISCAVNE, FL 33149		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)</small>		DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD RUTTIMANN, MARCO 975 CRANDON BLVD KEY BISCAVNE, FL 33149		
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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 address with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		04/20/00 305-365589 <small>Date Daytime Phone #</small>	