

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000086686

FILED
Apr 05, 2008
Secretary of State

Entity Name: INTERNATIONAL MARKET LINK, INC.

Current Principal Place of Business:

4409 DOGWOOD CIRCLE
WESTON, FL 33331

New Principal Place of Business:

888 BRICKELL KEY DR APT 711
MIAMI, FL 33131

Current Mailing Address:

4409 DOGWOOD CIRCLE
WESTON, FL 33331

New Mailing Address:

888 BRICKELL KEY DR APT 711
MIAMI, FL 33131

FEI Number: 59-3538149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BACON, DAVID A
2959 FIRST AVENUE NORTH
ST. PETERSBURG, FL 33713 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GOMEZ, CANDIDO B
Address: 4409 DOGWOOD CIRCLE
City-St-Zip: WESTON, FL 33331

Title: SD () Delete
Name: GOMEZ, LEONOR
Address: 4409 DOGWOOD CIRCLE
City-St-Zip: WESTON, FL 33331

Title: T (X) Delete
Name: GOMEZ, JOSE I
Address: 394 BERMUDA SPRINGS DR
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: GOMEZ, CANDIDO B
Address: 888 BRICKELL KEY DR APT 711
City-St-Zip: MIAMI, FL 33131

Title: SD (X) Change () Addition
Name: GOMEZ, LEONOR
Address: 888 BRICKELL KEY DR APT 711
City-St-Zip: MIAMI, FL 33131

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: CANDIDO B GOMEZ

PRES

04/05/2008

Electronic Signature of Signing Officer or Director

Date