2004 FOR PROFIT CORPORATION

**FILED** Apr 26, 2004 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P99000030914 GLOBAL LINK TRADING CORP. Principal Place of Business Mailing Address 7933 NE 53 ST 7933 NE 53 ST MIAMI, FL 33166 MIAMI, FE 33166 CR2E034 (10/03) 04132004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0909430 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CONTRERAS, GUILLERMO DO NOT WRITE 2962 NW 109 TERR SUNRISE, FL 33322 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May 8e FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 in, a Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS OPS TITLE ACUA, JOSE G NAME 7370 NW 36TH ST., STE. 126 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 U00000131989 TITLE 04/27/04-80028-006 150.00 NAME ALVAREZ, JOSE G 7370 NW 36TH ST., STE, 126 STREET ADDRESS CATY-ST-ZIP MIAMI, FL 33166 TETLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS City-St-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 33TLE NAME

12. I hereby certify that the information supplied with this filling declared quality 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 acceptant 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:

STREET ADDRESS CITY-ST-ZIP

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TYPED OR PRINTED NAME OF SHARING OFFICER OR DIRECTOR

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