


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000030914 1. Entity Name GLOBAL LINK TRADING CORP.	
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Principal Place of Business 7933 NE 53 ST MIAMI, FL 33166	Mailing Address 7933 NE 53 ST MIAMI, FL 33166
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DO NOT WRITE IN THIS SPACE



05202005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0909430	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

CONTRERAS, GUILLERMO
 2962 NW 109 TERR
 SUNRISE, FL 33322

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

000000369817
 06/27/05-80004-016 550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS ACUA, JOSE G 7370 NW 36TH ST., STE. 126 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT ALVAREZ, JOSE G 7370 NW 36TH ST., STE. 126 MIAMI, FL 33166
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **JOSE G. ALVAREZ** 05/31/05 305-4630403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #