


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90073 037 ****50.00

DOCUMENT # L03000039269

1. Entity Name
MASTERLINE INK, LLC



Principal Place of Business
8600 NW SOUTH RIVER DR. #239 MIAMI FL 33166

Mailing Address
8600 NW SOUTH RIVER DR. #239 MIAMI FL 33166

2. Principal Place of Business
8600 NW South River Dr

3. Mailing Address
8600 NW South River Dr

Suite, Apt. #, etc.
228

Suite, Apt. #, etc.
228

City & State
Miami, FL

City & State
Miami, FL

Zip
33166

Country
USA


Zip
33166

Country
USA

4. FEI Number **52-2404232** Applied For Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

1st MOORE CR2E083 (10/05)



6. Name and Address of Current Registered Agent

ARBOLEDA, RAMON
8600 NW SOUTH RIVER DR. #239 MIAMI FL 33166

7. Name and Address of New Registered Agent

Name **Arboleda, Ramon**

Street Address (P.O. Box Number is Not Acceptable)
8600 NW South River Dr # 228

City **Miami** State **FL** Zip Code **33166**

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 **Ramon Arboleda** DATE **2/25/06**

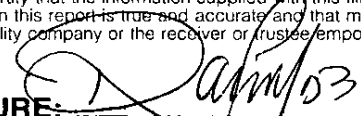
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARBOLEDA, RAMON 8600 NW SOUTH RIVER DR. #239 MIAMI FL 33166 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **RAMON ARBOLEDA** 1/25/06 (305)