

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000122738

Entity Name: LINE PROPERTIES, INC.

**FILED**  
**Apr 12, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

3996 SW 128TH AVE.  
MIAMI, FL 33175

**New Principal Place of Business:**

**Current Mailing Address:**

3996 SW 128TH AVE.  
MIAMI, FL 33175

**New Mailing Address:**

FEI Number: 55-0882711      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GAZTAMIBIDE, LIDIA  
3996 SW 128TH AVE.  
MIAMI, FL 33175      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: PSTD ( ) Delete  
Name: GAZTAMBIDE, LIDIA  
Address: 3996 SW 128TH AVE.  
City-St-Zip: MIAMI, FL 33175

Title: VD ( ) Delete  
Name: GAZTAMBIDE, NELSON  
Address: 3996 SW 128TH AVE.  
City-St-Zip: MIAMI, FL 33175

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: NELSON GAZTAMBIDE

PRES

04/12/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date