

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S78217

FILED
Apr 16, 2007
Secretary of State

Entity Name: FRONTIER LINER SERVICES, INC.

Current Principal Place of Business:

8600 NW 53 TERRACE
SUTIE 204
MIAMI, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

8600 NW 53 TERRACE
SUTIE 204
MIAMI, FL 33166 US

New Mailing Address:

FEI Number: 65-0309271 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERNSTEIN, JEFFREY
100 N BISCAYNE BLVD
SUITE 1001
MIAMI, FL 33132 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: P/S () Delete
Name: PARODY, ALFREDO
Address: 8600 NW 53 TERRACE, #204
City-St-Zip: MIAMI, FL 33166 US

Title: D () Delete
Name: ARAGON, CARLOS G
Address: 8600 NW 53 TERRACE #204
City-St-Zip: MIAMI, FL 33166 US

Title: D () Delete
Name: SIBAJA, LUIS
Address: 8600 NW 53 TERRACE #204
City-St-Zip: MIAMI, FL 33166 US

Title: D () Delete
Name: BUITRAGO, CLEMENCIA
Address: 8600 NW 53 TERRACE #204
City-St-Zip: MIAMI, FL 33166 US

Title: V/T () Delete
Name: ARANGO, FRANCIA
Address: 8600 N.W. 53 TERRACE #204
City-St-Zip: MIAMI, F 33166 US

Title: D () Delete
Name: LARA, JAIME
Address: 8600 NW 53 TERRACE #204
City-St-Zip: MIAMI, FL 33166 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: ALFREDO PARODY

P/S

04/16/2007

Electronic Signature of Signing Officer or Director

_____ Date