

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 684018

1. Entity Name
DUNE LINE COMPANY.



Principal Place of Business

**C/O SIDNEY C. SHAPIRO, C.P.A.
1412 INDIAN ROAD
W. PALM BEACH, FL 33406**

Mailing Address

**C/O SIDNEY C. SHAPIRO, C.P.A.
1412 INDIAN ROAD
W. PALM BEACH, FL 33406**



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2052767

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SIDNEY C SHAPIRO, CPA
1412 INDIAN ROAD
W. PALM BEACH, FL 33406**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LONDONO, FERNANDO
STREET ADDRESS	3000 N OCEAN DR, 33E
CITY - ST - ZIP	SINGER ISLAND, FL 00000,
TITLE	SD
NAME	CAMARGO-LONDONO, MARIA
STREET ADDRESS	3000 N OCEAN DR, 33E
CITY - ST - ZIP	SINGER ISLAND, FL 00000,
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000010947
01/23/04-80018-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA LONDONO

Date

1/4/04

Daytime Phone #

(561) 585-3600