

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DO NOT WRITE IN THIS SPACE

01052006 No Chg-P CR2E034 (11/05)

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, 2006 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	

U000000572554
07/28/06-80002-018 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Date

Daytime Phone #