

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2007 8:00 am**  
**Secretary of State**

02-21-2007 90027 031 \*\*\*150.00

**DOCUMENT # 684018**

1. Entity Name  
**DUNE LINE COMPANY.**



Principal Place of Business

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

Mailing Address

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

40022144



**DO NOT WRITE IN THIS SPACE**

01032007 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 E.  
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, 2007 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 NOCEAN DR, 33E 40 S. SHAPIRO, CPA
CITY-ST-ZIP	SINGER ISLAND, FL 00000, 1412 INDIAN RD. E. W. PALM BCH FL 33406
TITLE	SD
NAME	CAMARGO-LONDONO, MARIA 40 S. SHAPIRO, CPA
STREET ADDRESS	3000 NOCEAN DR, 33E 1412 INDIAN RD. E.
CITY-ST-ZIP	SINGER ISLAND, FL 00000, W. PALM BCH, FL 33406
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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

MARIA  
LONDONO

2/7/07

Date

(561) 585-3600

Daytime Phone #