

# 2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90040 014 \*\*\*150.00

**DOCUMENT # 838848**

1. Entity Name

ECUADORIAN LINE INC.



Principal Place of Business.

6161 BLUE LAGOON DRIVE  
STE. 250  
MIAMI FL 33126  
US

Mailing Address

6161 BLUE LAGOON DRIVE  
STE. 250  
MIAMI FL 33126  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-2797689

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DT ☐ Delete  
NAME HICKEY, EDWARD W  
STREET ADDRESS 300 WESTERNA VE  
CITY-ST-ZIP STATEN ISLAND NY 10303

TITLE DP ☐ Delete  
NAME AGUIRRE, CARLOS A  
STREET ADDRESS 300 WESTERN AVE  
CITY-ST-ZIP STATEN ISLAND NY 10303

TITLE DT ☒ Delete  
NAME HICKEY, EDWARD  
STREET ADDRESS 300 WESTERN AVE  
CITY-ST-ZIP STATEN ISLAND NY 10303

TITLE DS ☐ Delete  
NAME AHLSTROM, CARLOS A.  
STREET ADDRESS 6161 BLUE LAGOON STE 250  
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DV ☒ Change ☐ Addition  
NAME HORVATH, KEVIN  
STREET ADDRESS 6161 BLUE LAGOON, SUITE 250  
CITY-ST-ZIP MIAMI, FLORIDA 33126

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Edward W. Hickey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD W. HICKEY

2/10/04 (718) 556-8420

Date

Daytime Phone #