

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2007 08:00 AM
Secretary of State

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



01242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-2797689	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
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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 NAME STREET ADDRESS CITY-ST-ZIP	DT HICKEY, EDWARD W 300 WESTERNA VE STATEN ISLAND, NY 10303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP AGUIRRE, CARLOS A 300 WESTERN AVE STATEN ISLAND, NY 10303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HORVATH, KEVIN 6161 BLUE LAGOON, STE. 250 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS AHLSTROM, CARLOS A. 6161 BLUE LAGOON STE 250 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000667291
03/26/07-80022-017 150.00

**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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 9, 2007
Date

Daytime Phone #