

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 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



01072008 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 ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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 restate)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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

U00000821827
02/19/08-80042-020 150.00

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

Date

Daytime Phone #

1/14/08 305-779-4213