

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 838848

Entity Name: ECUADORIAN LINE INC.

FILED
Jan 08, 2009
Secretary of State

Current Principal Place of Business:

6161 BLUE LAGOON DRIVE
STE. 250
MIAMI, FL 33126 US

New Principal Place of Business:

Current Mailing Address:

6161 BLUE LAGOON DRIVE
STE. 250
MIAMI, FL 33126 US

New Mailing Address:

FEI Number: 13-2797689 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: HICKEY, EDWARD W
Address: 300 WESTERNA VE
City-St-Zip: STATEN ISLAND, NY 10303

Title: DP () Delete
Name: AGUIRRE, CARLOS A,
Address: 300 WESTERN AVE
City-St-Zip: STATEN ISLAND, NY 10303

Title: DV () Delete
Name: HORVATH, KEVIN
Address: 6161 BLUE LAGOON, STE. 250
City-St-Zip: MIAMI, FL 33126

Title: DS () Delete
Name: AHLSTROM, CARLOS A.
Address: 6161 BLUE LAGOON STE 250
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS AGUIRRE

DP

01/08/2009

Electronic Signature of Signing Officer or Director

_____ Date