


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F95000004414  
 1. Entity Name  
 HIGH LINE CAR SALES INC.



Principal Place of Business      Mailing Address  
 2718 REW CIRCLE                      2718 REW CIRCLE  
 OCOEE, FL 34761                      OCOEE, FL 34761

**DO NOT WRITE IN THIS SPACE**



01072004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 59-3330001      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOTTICELLI, GIULIANA  
 5118 PINE TOP PL  
 ORLANDO, FL 32819

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

000000136257  
 04/28/04-80083-024 150.00

10. OFFICERS AND DIRECTORS

|                |                      |
|----------------|----------------------|
| TITLE          | P                    |
| NAME           | CANNITO, LORRAINE    |
| STREET ADDRESS | 5118 PINE TOP PLACE  |
| CITY-ST-ZIP    | ORLANDO, FL 32819    |
| TITLE          | V                    |
| NAME           | D'UVA, AGOSTINA      |
| STREET ADDRESS | 5118 PINE TOP PLACE  |
| CITY-ST-ZIP    | ORLANDO, FL 32819    |
| TITLE          | S                    |
| NAME           | BOTTICELLI, GIULIANA |
| STREET ADDRESS | 5118 PINE TOP PL     |
| CITY-ST-ZIP    | ORLANDO, FL 32819    |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |

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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: Agostina D'Uva Agostina D'Uva, Vice Pres.    4/26/04    407-877-3841  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #