


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # F95000004414</b> 1. Entity Name HIGH LINE CAR SALES INC.	
--	---

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

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3330001	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  BOTTICELLI, GIULIANA 5118 PINE TOP PL ORLANDO, FL 32819
--

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstalling)	DATE _____
--	---	------------

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000136257 04/28/04-80083-024 150.00
---	---	---

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

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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