


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 20, 2005 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  
OCOOE, FL 34761      OCOOE, FL 34761

**DO NOT WRITE IN THIS SPACE**



01222005      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

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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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

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	

U00000318502  
04/20/05-80061-018 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 President      4/15/05      407-877-3841

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #