

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90092 027 \*\*\*150.00

**DOCUMENT # P01000058928**

1. Entity Name

NEW LINE DESIGN, INC.



Principal Place of Business

11201 N.W. 7TH STREET SUITE 202  
MIAMI FL 33172

Mailing Address

11201 N.W. 7TH STREET SUITE 202  
MIAMI FL 33172

24004002



MOORE

CR2E034 (11/03)

2. Principal Place of Business

8051 NW 36 ST

Suite, Apt. #, etc.

Suite # 601

City & State

MIAMI

Zip  
33166

Country  
USA

3. Mailing Address

8051 NW 36 ST

Suite, Apt. #, etc.

Suite # 601

City & State

MIAMI

Zip  
33166

Country  
USA

4. FEI Number

65-1113458

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOREL, CARLOS  
11201 N.W. 7TH STREET SUITE 202  
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name

MOREL, CARLOS

Street Address (P.O. Box Number is Not Acceptable)

15654 SW 14 ST

City

MIAMI

FL

Zip Code

33194

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD ☐ Delete  
NAME MOREL, CARLOS  
STREET ADDRESS 11201 N.W. 7TH STREET SUITE 202  
CITY-ST-ZIP MIAMI FL 33172

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carlos E. Morel

Date

Daytime Phone #

1/26/04 305-599-2388