PAGE 1 of 2

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
2006 JUL 12 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000084159

1. Entity Name
HARBOR-LINE, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2901 S MIAMI AVE	2901 S MIAMI AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33129 Country:	Zip: 33129 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1134084 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CINDI SINCLAIR DE ROTHSCHILD
Street Address (P.O. Box Number is Not Acceptable): 2901 S MIAMI AVE
City: MIAMI FL Zip Code: 33129

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: Cindi Sinclair de Rothschild 5-11-06
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when mandatory) DATE

January 1 - May 1 Fee Is $150.00
After May 1, Fee Is $550.00
Amended UBR Is $61.25
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	D
NAME	CINDI SINCLAIR DE ROTHSCHILD
STREET ADDRESS	2901 S MIAMI AVE
CITY-ST-ZIP	MIAMI FL 33129
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12 A 1/18/04
STATEMENT OF

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	300077711393
STREET ADDRESS	07/19/06--01009--008 **300.00
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP	IN THIS SPACE
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Cindi Sinclair de Rothschild 5-11-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

HARBOR-LINE, INC.
2901 S MIAMI AVENUE
MIAMI, FL 33129

May 1st, 2006

Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

REF: DOCUMENT#: P01000084159

Dear Sir or Madam:

Please be advised that the above-mentioned corporation annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of $ 150.00 each.

Please advise.

Your cooperation is appreciated.

Sincerely,

Cindi Sinclair De Rothschild