

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P01000084159

1. Entity Name  
HARBOR-LINE, INC.



Principal Place of Business  
2901 S MIAMI AVENUE  
MIAMI, FL 33129

Mailing Address  
2901 S MIAMI AVENUE  
MIAMI, FL 33129

**FILED  
Mar 12, 2007 08:00 AM  
Secretary of State**



03072007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1134084	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

DE ROTHSCHILD, CINDI SINCLAIR  
2901 S MIAMI AVENUE  
MIAMI, FL 33129

**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

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DE ROTHSCHILD, CINDI SINCLAIR
STREET ADDRESS	2901 SOUTH MIAMI AVENUE
CITY-ST-ZIP	MIAMI, FL 33129

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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UD000000663431  
03/22/07-80004-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

3-7-07

Date

Daytime Phone #