

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90415 016 ***150.00

DOCUMENT # P03000056522

1. Entity Name

HY-LINE TRADING CORP



Principal Place of Business

17420 SW 22 ST
MIAMI FL 33029

Mailing Address

17420 SW 22 ST
MIAMI FL 33029



2. Principal Place of Business

3. Mailing Address

782 NW Le Jeune Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

629

1st MOORE

CR2E034 (10/04)

City & State

MIRAMAR, FL.

City & State

Miami, FL.

4. FEI Number

20-0040811

Applied For

Not Applicable

Zip

33129

Country

USA

Zip

33126-5547

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOMEZ, ALEJO
17420 SW 22 ST
MIAMI FL 33029

Name

JULIA GOMEZ

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

17420 SW 22ND STREET

City

MIRAMAR

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

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, 2005 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input checked="" type="checkbox"/> Delete
NAME	GOMEZ, ALEJO	
STREET ADDRESS	17420 SW 22 ST	
CITY-ST-ZIP	MIAMI FL 33029	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	GOMEZ, JULIA	
STREET ADDRESS	17420 SW 22 ST	
CITY-ST-ZIP	MIAMI FL 33029	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GOMEZ, JUAN G	
STREET ADDRESS	17420 SW 22 ST	
CITY-ST-ZIP	MIAMI FL 33029	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GOMEZ, CLAUDIA P	
STREET ADDRESS	17420 SW 22 ST	
CITY-ST-ZIP	MIAMI FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL. 33129	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL. 33129	
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Julia Gomez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-05

Date

954-442-0515

Daytime Phone #