


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90140 013 ***150.00

DOCUMENT # P04000023537
 1. Entity Name
 COUNTY LINE ENTERPRISES, INC.



Principal Place of Business Mailing Address
 17453 NW 87 PL 17453 NW 87 PL
 MIAMI, FL 33023 MIAMI, FL 33023

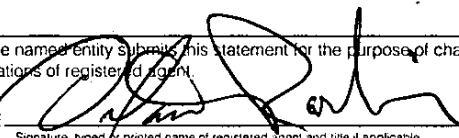
2. Principal Place of Business 3. Mailing Address
 2000 STALING ROAD 2000 STALING ROAD
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State Florida City & State Florida
 Zip 33004 Country USA Zip 33004 Country USA



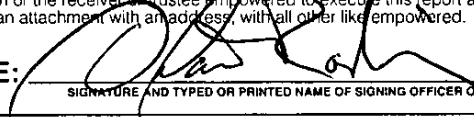
03072005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0717658 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Name and Address of Current Registered Agent
 RODRIGUEZ, MAYTEE
 17453 NW 87 PL
 MIAMI, FL 33023
 7. Name and Address of New Registered Agent
 Name ORTANSTO RODRIGUEZ
 Street Address (P.O. Box Number is Not Acceptable) 2000 STALING ROAD
 City DANIA FL Zip Code 33004

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  DATE 3/8/05
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST RODRIGUEZ, MAYTEE 17453 NW 87 PL MIAMI, FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S RODRIGUEZ, MAYTEE 2000 STALING ROAD DANIA FL 33004 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P RODRIGUEZ, ORTANSTO 2000 STALING ROAD DANIA FL 33004 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP/T GARCIA CARLOS M 2000 STALING ROAD DANIA FL 33004 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE 3/8/05 (954) 985-0028
 Signature, typed or printed name of signing officer or director Daytime Phone #