2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2006 8:00 am
Secretary of State
04-05-2006 90131 030 ***150.00

DOCUMENT # P05000013638

1. Entity Name
MARGO STATE LINE, INC.

Principal Place of Business	Mailing Address
50 NORTH LAURA STREET SUITE 2900 JACKSONVILLE, FL 32202	50 NORTH LAURA STREET SUITE 2900 JACKSONVILLE, FL 32202

01302006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
208 N. Laura St.	208 N. Laura St
Suite, Apt. #, etc. #800	Suite, Apt. #, etc. #800
City & State Jacksonville FL	City & State Jacksonville FL
Zip 32202 Country USA	Zip 32202 Country USA

4. FEI Number 202239817 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MILAM HOWARD NICANDRI DEES & GILLIAM, P.A.
50 NORTH LAURA STREET
SUITE 2900
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 208 N. Laura St. #800
City Jacksonville FL Zip Code 32202

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] G. Alan Howard, President 1.31.06
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, 2006 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	D SPECTOR, MICHAEL J 50 NORTH LAURA STREET #2900 JACKSONVILLE, FL 32202	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUAN B. MEDINA ARROYO 50 NORTH LAURA STREET #2900 JACKSONVILLE, FL 32202	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] / Luis R. Carrasquillo CFO 3/30/06 (787)883-2570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #