
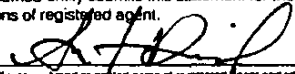
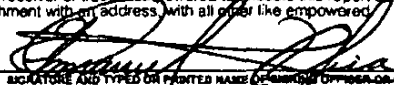


FILED
May 14, 2007 8:00 am
Secretary of State

04-24-2007 90006 026 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P06000104638			
1. Entity Name HUSTLELINE ENTERTAINMENT, INC.			
Principal Place of Business 4750 N.W. 169TH STREET CAROL CITY, FL 33055		Mailing Address 4750 N.W. 169TH STREET CAROL CITY, FL 33055	
2. Principal Place of Business - No P.O. Box # 20401 NW 2nd AVE		3. Mailing Address 20401 NW 2nd AVE	
Suite, Apt. #, etc. 206		Suite, Apt. #, etc. 206	
City & State Miami FL		City & State Miami FL	
Zip 33169		Country USA	
Zip 33169		Country USA	
6. Name and Address of Current Registered Agent URRA, EMMANUEL 4750 N.W. 169TH STREET CAROL CITY, FL 33055		7. Name and Address of New Registered Agent Name: Antwan Daniels Street Address (P.O. Box Number is Not Acceptable): 20401 NW 2nd AVE 20401 NW 2nd AVE City: Miami FL Zip Code: 33169	
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: 4-21-07 <small>Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-issuing) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$850.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS <input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P URRA, EMMANUEL 4750 N.W. 169TH STREET CAROL CITY, FL 33055		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PALLANGO, NICHOLAS 4750 N.W. 169TH STREET CAROL CITY, FL 33055		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T IZARD, DANTE 4750 N.W. 169TH STREET CAROL CITY, FL 33055		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DANIELS, ANTWAN 4750 N.W. 169TH STREET CAROL CITY, FL 33055		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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: 		Date: 4-21-07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR</small>		<small>Date Days/Mo/Year</small>	

66014623



03282007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For Not Applicable

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