

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
Mar 14, 2007 08:00 AM  
Secretary of State

DOCUMENT #	P06000127918
1. Entity Name	
ORIGINAL LINE CORP	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2174 NE 167 ST		Suite, Apt. #, etc.	
City & State		City & State	
N MIAMI BEACH, FL			
Zip	Country	Zip	Country
33162			

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
22-3944299	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name
ARMANDO DOJER
Street Address (P.O. Box Number is Not Acceptable)
2174 NE 167 ST
City
N MIAMI BEACH
FL
Zip Code
33162

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 Armando Dojer ARMANDO DOJER 1/19/2007  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

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

TITLE	P
NAME	DOJER, ARMANDO
STREET ADDRESS	2174 NE 167 ST
CITY-ST-ZIP	N MIAMI BEACH, FL 33162
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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11.

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CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Armando Dojer ARMANDO DOJER 1/19/2007 (305) 345-7698  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #