

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90089 010 ***150.00

DOCUMENT # P94000003906

1. Entity Name
FLOATLINE, INC.



Principal Place of Business

2001 SW 101 AVENUE
BAY "H"
MIRAMAR, FL 33025 US

Mailing Address

P.O. BOX 841003
PEMBROKE PINES, FL 33084 US

2. Principal Place of Business

2270 N.W. 87th Terr.

3. Mailing Address

Suite, Apt. #, etc.

01252006

Chg-P

CR2E034 (11/05)

City & State

Pembroke Pines - FL

City & State

4. FEI Number

65-0471792

Applied For

Not Applicable

Zip

33024

Country

USA

Zip

Country

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

MORENO, JOSE
2270 N.W. 87 TERRACE
PEMBROKE PINES, FL 33024

Name

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

City

FL

Zip Code

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 live 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

PD
MORENO, JOSE M
2270 N.W. 87 TERRACE
PEMBROKE PINES, FL

☐ Delete

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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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 25, 2006 (954) 438.8229
Date Daytime Phone #